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The American Journal of Clinical Medicine

A Monthly Journal Devoted to Accuracy, Dependability and Honesty in every Department of Medicine and to the Safeguarding of the Doctor

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General Editorial Staff: W. C. ABBOTT W. F. WAUGH A. S. BURDICK
Departments: E. M. EPSTEIN EMORY LANPHEAR W. J. ROBINSON

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EDITORIAL DEPARTMENT

Intestinal Antisepsis in Typhoid Fever 1417
Mississippi Valley Medical Association 1419
Protecting the People Against Incompetent (?) Medical Practicians 1422
Texas for Winter Invalids 1423
The Birth of Dosimetry 1423
Tenicides for Infants 1424
Atropine as a Hemostatic 1424
Are We Misrepresenting the Druggist? 1424
The Absorption and Elimination of Drugs 1427
Collective Investigation 1429
The "Tale" of the Sheep 1430
If You Don't See What You Want—Ask for It. 1431
What of the Incompatibles? 1432

LEADING ARTICLES

The Alcohol Problem in Europe. CROTHERS.. 1433
Alcoholism Successfully Treated. FRENCH.... 1438
Gelseminine: Some of its Special Uses. WAUGH. 1440
Indian Methods of Treatment. MOODY..... 1443
Some Alkaloidal Philosophy. HOPKINS..... 1446
The Internal Secretions. HERRICK..... 1450
Color in Diagnosis and Therapy. BENSON.... 1455
Some Curable Incurables. POPE 1457

DEPARTMENT OF SURGERY AND GYNECOLOGY

Tuberculosis of the Kidney and Bladder. CHURCH 1461
Experience with the New Anesthesia. CONNOR. 1465
Some Causes of Postpartum Hemorrhage. McMAHON 1471
Renal Colic, Injury, and Obstetric Cases. WASHBURN 1473
Round-Celled Sarcoma. BLACK..... 1474
Lung Complications After Abdominal Section.. 1475
Surgery of the Lung..... 1475
Lid Abscesses.—Chilblains 1476
Lumbago-Myalgia: Muscular Strain..... 1476
MacEwen's Chromic Catgut 1476
Tuberculosis of the Joints..... 1476
Ovarian Neuralgia 1477
Amyl Nitrite at the Menopause..... 1477
To Check the Flow of Milk..... 1477
After-Treatment of Pelvic Abscess 1478
After-Pains 1478

DEPARTMENT OF SKIN AND VENEREAL DISEASES

Intramuscular Injection of Mercury..... 1479
Pruritus Ani 1480
Recent Therapeutic Advances in the Treatment of Gonorrhea 1481
The Early Treatment of Syphilis..... 1481
Congenital Syphilis 1482
Acquired Syphilis in an Infant with Transmission to the Mother 1483
Treatment of Gonorrhea in the Female..... 1483
Diaphoretics in Syphilis 1484
Puerperal Infection Caused by Gonococcus..... 1484
Perspiration of the Feet..... 1485
A Good Catheter Lubricant..... 1485
Nongonorrheal Arthritis 1485
A Lotion for Falling of the Hair..... 1486
Application for Multiple Warts..... 1486
Disadvantage of Corrosive Sublimate Injections 1486
The Treatment of Gonorrheal Arthritis..... 1486
Ointment for Pruritus Ani..... 1486
The Antisyphilitic Granule..... 1486

FOREIGN GLEANINGS

The Value of Therapeutics..... 1487
Tympanums Made of Paraffin..... 1489
A German Shotgun Prescription Against Asthma 1490
Sedimentation of Expectoration with Hydrogen Peroxide 1490
Rupture of the Diaphragm..... 1490

MISCELLANEOUS

The Treatment of Pneumonia..... 1491
He Likes CLINICAL MEDICINE..... 1493
A Few Emergency Drugs..... 1494
"Gets There" in His Typhoid Cases..... 1495
Morphine Idiosyncrasies..... 1496
Those "Idiosyncrasies" with Formaldehyde and Morphine.—In Reply to Dr. Brownson.... 1496
The Old Problem..... 1497
What Causes Morphine Idiosyncrasy?..... 1497
A Valuable Booklet..... 1498
The Alkaloidal Treatment of Malaria..... 1498
A Case of Strychnine Addiction..... 1500
Postgrippal Neuralgia 1500
"That Case of Neuralgia" Again..... 1501
Tonsillitis and its Treatment..... 1502
From a Mexican Friend of CLINICAL MEDICINE. 1505
Thuja for Coughs.—Another Doctor's Home... 1506
Bee-Stings and Their Possibilities..... 1507
Another Good Opening 1508
"I Can or Can't"—Which?..... 1508
That Death Report from H-M-C Tablets..... 1509
Deaths from Anesthetics..... 1510
Some H-M-C Correspondence..... 1513
The CLINICAL MEDICINE Post-Graduate School of Therapeutics 1514
An Anecdote of a "Great Man"..... 1516
The Annual Index..... 1517
Successful Treatment for Ulcers..... 1517
"The St. Louis Medical Review" and Millican.. 1518
International Congress of Tuberculosis—Next Year 1518
Periplocin..... 1518
AMONG THE BOOKS 1519
QUERIES 1523
THERAPEUTIC NUGGETS 1531

SPECIAL LEADERS FOR NEXT MONTH

Vocation and Avocation.....GEORGE M. GOULD
The Story of the Clinic.....WALLACE C. ABBOTT
Antiseptics and Antipyretics.....THOMAS J. MAYS
Subject Unannounced .....JOHN V. SHOEMAKER
Therapeutic Anarchy.....REYNOLD W. WILCOX
Subject Unannounced.....G. FRANK LYDSTON
Why Alkalometry Appealed to Me....J. M. SHALLER
Scarlet Fever Successfully Treated....W. F. RADUE
The Alkaloids in the Philippines.....T. E. MOSS
American School at Beirut.....W. B. ADAMS
Hyperemia as a Therapeutic Agent..EDWARD A. TRACY
A German Operating Theater .....W. L. HOLT

1417

The American Journal of Clinical Medicine

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INTESTINAL ANTISEPSIS IN TYPHOID FEVER

A "return charge" to an alleged "solar-plexus" blow, being a brief re-statement of our position as to the action and usefulness of the intestinal antiseptics

THE editor of *The St. Louis Medical Review*, in his September issue, comments upon the paper of Drs. Pratt, Peabody and Long, appearing in a recent medical journal, which stated that there were very few typhoid bacilli in the intestinal canal; that the walls of the intestine secreted a ferment that destroyed the germs, and that there is no more evidence in favor of the entrance of these germs through the intestines than through the tonsil or the gastric mucosa. Editor Warfield winds up his notice with this remark: "We see in this communication a solar-plexus blow to the advocates of the specific intestinal antiseptics, and we await with much interest the return charge when they have sufficiently recovered their breath."

Had Dr. Warfield read the recent publications of the advocates of intestinal antisepsis in typhoid fever, he would not have made that remark. He would have seen that the conclusions arrived at by Drs. Stark, Peabody and Long had practically nothing to do with the subject. We have long since abandoned the crude, irrational idea of intestinal antiseptics acting simply as germicides, specifically directed against the typhoid bacillus in the bowel. Clinical experience which revealed the value of these agents in typhoid fever has also shown that they are of equal value in all other fevers, specific and non-specific. We have stated these truths many times, but we will restate them for Doctor Warfield's benefit:

Fever itself, non-essential fever, diminishes or completely stops the secretion of the gastric juice, bile and the other intestinal fluids, which are supposed, we believe, to act, possibly, as intestinal antiseptics. Besides this the increased heat and the presence of putrescible nitrogenous matter in the alimentary canal, with constipation generally present, or at least the retention of fecal matter, give rise to a vast increase in the activities of the intestinal bacteria normally present in that region; which, under these influences, take on virulence which is unknown in the state of health. The consequence is the enormous increase in the amount of the toxins generated in the intestinal canal. Besides this the great radiation of water from the surface of the body leaves the blood thicker and increases the osmosis from the alimentary canal into the blood. The fluid portions of the contents of the alimentary canal are thus absorbed into the blood, carrying with them the soluble toxins, increased in virulence and in quantity. The result of this is that toxemia from fecal absorption forms an integral portion of

the symptomatology of every case of fever, typhoid and otherwise.

The proof of this lies in the observations which gave rise to the formation of this hypothesis. Completely emptying the alimentary canal, and rendering it aseptic by the use of intestinal antiseptics, such as the sulphocarbolates, result in the diminution of the total symptomatology of the case to the average amount of about thirty-three percent. The proof of this does not depend upon laboratory experiment, but upon the observations made at the bedside.

The strength of our position lies in the fact that we ask nobody to believe it, since every practising physician is able to try it for himself. All that we ask is that the work should be done properly and effectually. Clearing out the bowels does not simply consist in giving a few doses of calomel, followed by a saline or castor oil, or even with a colonic flush. To test properly the hypothesis it is necessary to empty the bowel thoroughly, and satisfy yourself that it is done; while this is being done the sulphocarbolates should be administered in doses sufficient to remove all unnecessary or abnormal odor from the stools. We have certainly practised many years without finding an exception to the rule above stated as to the diminution of the symptoms following this procedure. In this we refer not only to the fever but to the other symptoms: restlessness, insomnia, nervousness, headache, aching of the muscles, irritability, nocturnal delirium, anorexia and other disorders of digestion. In fact we have learned to look upon it as one of the therapeutic certainties that by this means any febrile case is so far reduced as to bring it under the category of simple, benign or abortive cases, instead of malignant ones. To those who have not appreciated this matter and put it to clinical trial it sounds like an extravagant claim. It is necessary to try it effectively to appreciate that such a claim is true.

Many thousands of American physicians are as well aware of this as we are. The difficulty lies with the men who assume a position to be ours without reading our arguments, much less giving clinical tests to our theories. How are we to manage this? How are we to reach these gentlemen? We cannot compel them to read what we say; we cannot compel them to make clinical trials. Those who are already initiated into this matter must get tired of hearing us continually reiterate these truths. Nevertheless, unless we do so, the truth will remain unestablished and error continue to walk abroad.

Meanwhile this is another instance of a fact to which we have frequently called attention, that the explanation that may be given of clinical phenomena may be incorrect and yet the correctness of the observation remain unchallenged. The value resulting from the administration of the intestinal antiseptics is not questioned by anybody who has hitherto tried their practical application. The theory that they act by destroying the typhoid bacilli in the stools is incorrect. What they do there we do not know. We wish we did. But as Dr. Thomas Hunt Stucky said in his fine address at Columbus, there is no question of the value in cases of fever in general of completely emptying the alimentary canal and rendering it as nearly aseptic as is possible for us to do. On that platform we also take our stand, content with the fact of thus preventing death in nearly all the cases of fever which come to us, and waiting contentedly, therefore, until the correct explanation of the action of the remedies we use has been established. But little consideration is necessary to show that there are plenty of other explanations which may be given. The sulphocarbolates may inhibit the growth, the reproduction or the activities of any of the microorganisms inhabiting the alimentary canal; they may chemically neutralize or maybe prevent the production of these toxins, or they may so act on the walls of the alimentary canal as to prevent the absorption of these toxins. We do not even know whether they act chemically or vitally. What we do know is that they *do* act, and that satisfactorily; and this assertion is not based on the observation of a few cases, but on the uninterrupted experience of more than a quarter of a century; not only the

experience of any one man, but that of hundreds and thousands.

One rather significant point is unexplained in the communication referred to by Dr. Warfield: How does it come, if the alimentary canal is not the habitat of typhoid fever, that the stools are so universally credited with the spread of the disease? In fact, to accept the statements of the gentlemen quoted at their exact face value is to place them in a ridiculous position. It would follow logically that if they were correct, disinfection of the stools of typhoid fever is absurd, any care to keep them out of the drinking water is preposterous, and the immense number of observations which have been made tracing typhoid fever to contamination with the stools of patients affected with that disease are all erroneous. On the whole, we find it easier to believe that the three distinguished gentlemen were mistaken.

Build thee more stately mansions, O my soul,
As the swift seasons roll;
Leave thy low-vaulted past!
Let each new temple, nobler than the last,
Shut thee from heaven with a dome more vast,
Till thou at last are free,
Leaving thine outgrown shell by life's unresting sea.
—O. W. Holmes

MISSISSIPPI VALLEY MEDICAL ASSOCIATION

We have just returned from the Thirty-Third Annual Meeting of this great association, at Columbus. The affair was one of the most enjoyable we have ever had the pleasure of attending. Our reception by the people of Columbus was most courteous. The weather was delightful, the entertainments provided most enjoyable, and the ladies were especially well taken care of, with tallyho rides, receptions, concerts and other social attention.

The attendance was much larger than last year; and even to ourselves, men who have attended many meetings of medical societies, the high quality of the papers presented was something remarkable. Without desiring in the slightest degree to disparage any other medical society, we must say that the brains and the brilliancy of the profession of the great Mississippi Valley was well represented at this meeting.

Dr. Grant's address on the "Relationship between the Public and the Profession" was a scholarly essay, polished, beautiful, a graceful effort, one of those addresses pleasing to the ear when delivered with the admirable elocution of the speaker, and which will be no less pleasing when it appears in print.

Dr. Butler's address on "Medicine" was a powerful appeal. He appeared to be roused up considerably over something, so that he threw an unusual amount of personal feeling into the delivery of this fine address. He seemed, however, to have touched the sympathy of his hearers, for everywhere we heard nothing but commendations, both of the address itself and of the principles it advocated. Dr. Butler is a power in the profession.

Dr. Smythe gave an admirable address on "Surgery" from the standpoint of the abdominal surgeon and specialist in gynecology, but scarcely so well suited for a general meeting. It was listened to with deep attention by those qualified to judge of such an effort.

The first paper in the medical section was by J. E. Coleman, of Canton, Ill., on "The Treatment of Scarlet Fever as a Streptococcus Infection;" an admirable little paper. Following this came W. W. Pennell, Mt. Vernon, Ohio, with a paper on "Acute Bronchitis in Children." One suggestive sentence we took from his paper, namely, "The heart throws into the lungs at each pulsation as much blood as it does into the much more extensive aortic system." This consideration sustains our view of the immense importance of attention to the vasomotor mechanical conditions of the circulation in this and all febrile affections. In the discussion one speaker gave the rather hackneyed detraction of drugs, and suggested that the success would be greater the more drugs were neglected and when the physician relied exclusively on hygiene and nursing. Curiously enough the logical conclusion was omitted. All people of average education

and intelligence comprehend the simple, easily understood principles of hygiene; while the modern trained nurse with her three years' course of instruction is quite capable of attending to the nursing. This being the case, if disuse of drugs is accepted, what earthly thing is there left for the physician to do? Why not dispense with the physician altogether? Thus Mother Eddy is vindicated, and a new illustration is given of the extent to which her principles have permeated the thought and sentiment of the medical profession. We must add, however, that very little sympathy was shown with this view, but that the proper use of drugs was stoutly maintained.

Dr. I. A. Abt, of Chicago, gave an excellent paper on the "Urinary Infections in Children." This was followed by another on "Neurasthenia Gastrica Due to Eye-Strain," by Clement R. Jones, of Pittsburg. By the way, we took the trouble to look up the status of the man who did not believe in drugs, to see whether he was an alkaloidist or not. We leave it to you to say.

M. D. Stevenson, of Akron, Ohio, gave a paper on "Purulent Conjunctivitis in Infants and Adults;" an excellent paper and one which should be read by every practician, since any of us may have such cases presented to us.

Dr. W. A. Campbell, of Colorado Springs, Colo., presented the claims of that state to the eastern tubercular patient. Just now climatology in the treatment of tuberculosis is likely to be undervalued, the tendency being to keep the patients at home, and treat them rather with open air than with climate. The effect of cold is also being overvalued, as it was before dreaded beyond all reason. Dr. Campbell, unfortunately, said nothing as to the means of overcoming the dread of the consumptive which is growing more decided in these western states to which numbers of these people have resorted. It is becoming more and more difficult to find shelter for these patients in the southwestern states, while the expense in obtaining such shelter is increasing. Whatever benefit has accrued to southern California, Arizona and Colorado from the flocking there of great numbers of consumptives, we believe that this migration is practically over; at least it has passed its acme, and may be expected to subside rapidly during the next few years.

Dr. H. A. Miller, of Pittsburg, gave a suggestive paper upon "Pregnancy Complicated by Pulmonary Tuberculosis." We cannot possibly name all of the papers and will only refer to a few. Dr. H. H. Roberts, of Lexington, Ky., gave a paper on "Gastric Ulcer," which seemed to attract more than usual attention; and we heard numbers of persons speaking of it after the meeting. Drs. Webster and Crofton, of Chicago, presented two papers which it was a privilege to hear; one upon "Toxemia from the Standpoint of Perverted Metabolism," and the other on "Alimentary Albuminuria." Query: Why does any physician select any department of medicine as his specialty? There is a reason for all things. Is it possible that this selection arises from some innate tendency to the disease selected?

Dr. Stucky, of Louisville, Ky., presented an interesting paper on "Intestinal Autointoxications Resembling Typhoid Fever." In the course of this he remarked that an essential part of the treatment of typhoid fever consisted in emptying the alimentary canal and rendering it as nearly aseptic as possible. This remark was not combated in the discussion. Similar sentiments were expressed so many times in the course of the various addresses, that we feel we may as well stop advocating autotoxemia and intestinal antisepsis, as this principle has so thoroughly permeated the profession that it is unnecessary for us to continue its advocacy.

Another paper that elicited much discussion was on the "Psychoses of Pneumonia," by Chas. J. Aldrich, of Cleveland. In discussing it one of the Chicago members spoke of the confusional delirium of time and place, and just as we thought he was going to ad "and girl," he stopped, to everyone's regret.

Another scholarly paper which was a credit to the Association was that on the "Psychasthenic States," by Chas. W. Hitchcock, of Detroit, Mich.

Dr. Patrick, of Chicago, excited great interest by his paper on "The Treatment

of Trifacial Neuralgia by Injections of Alcohol," carried down to the foramina through which the affected nerves emerge from the skull. According to Dr. Patrick our ancient ideas as to the pathology of the neuralgias are totally erroneous. For years we have believed, following the observations of Valleix, as to the tenderness displayed in inveterate neuralgias at the points where the nerves emerge from the bony or fibrous foramina, that the succession of paroxysms of pain, each causing an afflux of blood, resulted in hyperplasia of the connective tissue, increasing the bulk of the nerve, which is therefore pinched in its passage through the foramen. Dr. Patrick says that this is altogether erroneous, and that no such hyperplasia can be detected. This we hear with regret. The hypothesis is such an admirable one upon which to hang our therapy. In fact, as a working hypothesis it was so convenient, that we deplore its demolishment. Dr. Patrick's results with these injections are certainly striking. He employs about seventy-five percent alcohol, adding a little chloroform and cocaine, using a long needle, passing the point from the skin to the spot where the nerve emerges and if possible into the substance of the nerve, where the injection is delivered. Out of something less than one hundred cases he had three accidents, and a number, not stated, of failures to find the exact spot where the injection should be delivered to render it effective. Nevertheless, in the cases where success ensued, and they formed a large majority of all, this success was so decided, the relief so grateful, that we must welcome this contribution to the therapeutics of an exceedingly painful affection.

Dr. Sprague, of Lexington, Ky., and Dr. Carter, of Richmond, Ind., gave papers upon the "Morphine Disease;" excellent papers. Dr. Carter followed closely the lines of the toxemia and elimination theory, elaborated by Dr. Waugh in an address given last June at Atlantic City. This is the more gratifying to us, since that address having only appeared in print within a week, Dr. Carter could not possibly have had access to it, and yet he arrived at practically identical views concerning the pathology and treatment of this disease.

No paper presented was received with more absorbing interest than that of Dr. McCaskey, of Fort Wayne, Ind., on "The Determination of Hepatic Function." This is one of the papers you must look out for and be sure not to miss when it appears in the official organ of the Association, the *Lancet-Clinic* of Cincinnati. And by the way, since the new blood has been injected into this journal it deserves your attention. The men who have it in charge are doing such good work that it deserves, and should receive, the support of the entire Ohio Valley.

Dr. Dana O. Weeks, of Marion, Ohio, gave a paper on "Fallacies of Osteopathy." Dr. Weeks is an excellent public speaker; his manner is animated and he evidently felt deeply the importance of this topic which he was presenting.

On the afternoon of the last day, while the attendance was small, we believe that the interest was greatest, especially when Dr. Crothers, of Hartford, Conn., read his paper on "The Relations of the Doctor to the Alcohol Problem." This was universally commended and aroused so much approbation that a motion was made that the address be printed and sent to all of the lay journals in the State of Ohio. It is pleasant to us, who have known Dr. Crothers for years, to see that as the time approaches when youth with him is merging into middle age, he grows more decided as to his views and yet no less kindly in the sentiment he manifests toward his adversaries.

The Association missed a treat in the address of Dr. Barclay, which was only read by title, as it was so late in the afternoon of the last day before it was reached, and many members had already left. Dr. Barclay presided over the medical section with such universal satisfaction that a unanimous vote of thanks, taken by a rising vote, was extended to him for his work. The writer has never had the pleasure of sitting under a more accomplished chairman. He was quick and decided in his rulings, kept men to the point, called off the speakers when their time had expired, and greatly facilitated

the business of the meeting and added to the pleasure of the members by his admirable conduct.

On the afternoon of the last day one of the members gave an impassioned, almost passionate, address on the subject of the "Duties of the Medical Profession" to stand by Simmons, McCormack and the Council on Pharmacy, to prescribe or use no goods that had not already passed the Council, and especially to beware of the heresy of endeavoring to fit therapeutic means to the symptoms presented by the patient. Of course we expected something of this sort. The address was heard with patience, but did not elicit the slightest comment. In fact, the members hardly waited until the member took his seat before they commenced discussing the preceding paper, that of Dr. Crothers.

Our attendance was in the medical section, but from what we heard of the surgical section, the quality of the papers there was fully as high as that of those to which we ourselves listened. In every way, socially and professionally, the meeting was a success; and we heard men going away strongly expressing the pleasure they had received and the determination to attend again and insist on keeping up the Mississippi Valley Medical Association to its present high standard, as a thoroughly and altogether scientific assembly, free from medical politics, wire-pulling, intrigue, backbiting, and the other drawbacks which detract from the pleasure of attendance on some other medical associations. The Mississippi Valley reaches from New York to Idaho, embracing twenty-eight out of the forty-six commonwealths of this Union. It is a voluntary association, and it is only attended by those who take an interest in the legitimate objects of a medical association, the scientific work and the social features. The presidents elected are always men of the type that, at the mention of their names as elected for that honor, everybody throws up his hat with delight; men who enjoy the warm personal liking of their confreres, and whose elevation to the presidency is recognized as an honor the members are delighted to confer on that particular individual. The secretary was reelected for the eleventh year, the treasurer for the sixth year, the society joyously resigning this work to the men who have so well and so unselfishly done it for years. The next meeting will be at Louisville, Ky., under the presidency of Dr. Elliott of Chicago.

It aint no use to grumble and complain;
It's jest as cheap and easy to rejoice;
When God sorts out the weather and sends rain,
W'y, rain's my choice.

—James Whitcomb Riley

PROTECTING THE PEOPLE AGAINST INCOMPETENT (?) MEDICAL PRACTICIANS

Colorado is the state whose Examining Board ranks the laboratory examination at 90 percent of the whole in their test of qualifications of men who desire to practise medicine in that state. This goes even farther than California whose new medical law excludes Materia Medica, Therapeutics, Practice of Medicine and Surgery from their tests of candidates. In the meantime the subjoined advertisement, taken from *The Rocky Mountain News*, of Denver, Colorado, Oct. 1, shows how the people of that state are "protected" against incompetent medical practicians. Why? Are the medical laws of Colorado directly designed for the protection of the people of that state, or to exclude competition against the present practicians? If they are designed and operated for either of these objects, how far are they accomplishing that design?

A CLEAN-CUT DRUG STORE

Is a Drug Store that is run on Drug Store principles, where they know and study the effect of drugs and medicines, their dose and the physiological effect.

And there is a drug store of this character in Denver. This store saves health and many a dollar for the public; they compound an individual prescription for each ailment, be your ailment what it may. Rheumatism and gout in any form. Cough, cold, grippe or pleurisy; indigestion, constipation or stomach trouble, nervousness, insomnia, general debility: go to the Trunk Bros. Drug Company, at Sixteenth and Tremont streets, and state your ailment; they have no cure-all prescriptions, they have the particular prescription you require.

And their prescriptions will do all that is claimed for them at a very small cost. You pay for the medicine only and it cures you. These prescriptions are put up by the drug store that was never known to dilute, adulterate or substitute. The Trunk Bros. Drug Company, 400-402 Sixteenth street; laboratory and branch store, 58 Broadway, Denver. Mail orders receive our prompt attention.

Wouldn't that jar you! This is a matter which deserves the consideration, not only of the physicians of Colorado, but of its reputable pharmacists—of which there are plenty. And yet this open drugstore quackery is but the natural result of present tendencies, which seem to aim toward enlarging the privileges and increasing the income of the druggist, while diminishing those of the physician. Is he destined to be a mere satellite, revolving about this sun of miraculous curedom?

TEXAS FOR WINTER INVALIDS

We are informed by Dr. A. B. Ashley, of Water Valley, Texas, that there is a good place there for persons who want to rest, or for persons who are affected with lung trouble. Water Valley is a town situated on the north branch of the Concho river, just south of the Panhandle. It should be a particularly good place for patients of the sort. We understand from Dr. Ashley that there is no disposition on the part of the residents against the "lunger."

There is this further about the place, that it has never been boomed as a resort, and the patient going there would not find himself or herself in a colony of consumptives. We always object to sending patients to a locality infected by tuberculosis.

It seems probable that there are many such places as Water Valley, where a few persons with weak or diseased lungs could be accommodated, and secure all the advantages of climate (and these are very great indeed), without endangering the inhabitants or arousing that antagonism that follows a crowd of "lungers." It would be wise if the physicians of those parts of the country where such places are available would follow Dr. Ashley's example and notify the various medical journals of openings of this kind. This is infinitely better than herding an enormous number of these patients in the few places where, as we have just said, they would reinfect each other and increase the danger far above what there would be in their homes. Meanwhile Texas has passed a law quarantining against the bacillus tuberculosis.

Have confidence in yourself; get the idea impressed into your cranium that you can do as well as your competitor, and then prove it. —Albright

THE BIRTH OF DOSIMETRY

Van Renterghem says that dosimetry began, in 1854, with a dosimetry paper on Asiatic cholera presented by Baron Everard, special physician to the Queen of Holland. This paper was read before the Belgian Royal Academy of Medicine. At that time about the only alkaloids in use were morphine and quinine, the profession availing itself of alcoholic extracts reduced to powder and mixed with powdered sugar of milk. This was fifty-three years ago, and we regret that a large proportion of the profession still stands on the therapeutic platform of that day.

Everard's work was prompted by seeing the success following the treatment of Mandt, a physician of St. Petersburg, in the treatment of this disease. His dominant remedy in the treatment of cholera was the extract of nux vomica, to which in various conditions he added phosphoric acid, white veratrum, musk or camphor, and in some cases aconite or bryonia.

This paper made a strong impression upon Professor Burggraeve, who had just gone through a terrible epidemic of cholera at Ghent, in which he had seen all the treatments of the day fail. To simplify the method and permit of its universal application he substituted the alkaloids for the extracts which Mandt had used. Burggraeve was a surgeon. Before the application of Lister's method he found that two-thirds of the patients operated upon succumbed either to traumatism or to purulent infection. Lister's method reduced the mortality to between 15 and 20 percent, and the addition to this of the alkaloidal therapeutics

brought it down to between 2 and 5 percent. Burggraeve's report containing these facts was received with silence.

It is possible so to enfold a truth in long drawn-out sentences as practically to conceal it.
—W. J. Bryan

TENICIDES FOR INFANTS

A good illustration of the neglect with which drug therapeutics has been treated is shown in the fact that we have even now no definite basis to determine this interesting question, whether it requires as big a dose to kill a worm in a child as it does in an adult. It is generally believed that tenicides act on the parasite, and if this is the case it ought to take as much to kill a worm in a child as in an adult. On the other hand, some persons say that the dose may be regulated by the age or weight of the child, just as with other medicines. If this is the case, the medicine acts on the patient and not on the parasites. We shall be pleased if anybody who has made observations on this point would report. If you have not considered the matter, try it in your next case of tapeworm. Keep a record, and let us know. We shall tabulate these records, and see what the profession has to say on this interesting and really important point; for the remedies that kill tapeworms are by no means innocuous if given in too large doses to children.

ATROPINE AS A HEMOSTATIC

We desire to appeal again to our readers for reports on the application of atropine as a hemostatic. A number of reports have been received by us, enough to convince us that we are not wrong in assigning to atropine a place very near, if not at the head, of the list of hemostatics. But we wish to be sure of it. We cannot afford to go before fifty thousand physicians with any idea without the fullest obtainable information upon it. Hence we appeal to those of our readers who have ever employed atropine as a hemostatic to send us reports as to their experience. Understand—we are not simply asking for favorable reports; we want the exact truth and nothing else. Tell us in what forms of hemorrhage you have used atropine and what has been the result, whether good or bad. If in any form of hemorrhage you have noticed that atropine has increased the hemorrhage, we want to know it; if it has no effect apparently, we want to know it; if it does good, we want to know it. Tell us in exactly what forms of hermorrhage you have tried it; especially if you have used it in any form of capillary hemorrhage, in hemophilia, purpura hemorrhagica, or any form of capillary or venous hemorrhages, let us know your results. Let these reports be sent to Dr. Waugh, and mark the envelope "personal;" as he is making the compilation.

ARE WE MISREPRESENTING THE DRUGGIST?

Editor Carr of *N. A. R. D. Notes*, the official organ of the National Association of Retail Druggists, has a bone to pick with us anent our attitude concerning the proposal to compel the physician by law to write prescriptions for his remedies, nilly willy, thus depriving him except in emergencies (to be defined by the would-be law-making druggist, not by the doctor), of his right of choice to prescribe or dispense as conditions and circumstances make right in his opinion.

In *Notes* for October 24 he particularly criticises the following quotation from CLINICAL MEDICINE: "Keep your eyes and ears open, Doctor, and use your influence to prevent any legislation toward forcing you to use a prescription pad for any of your patients who need medicine."

Mr. Carr thinks we have misrepresented the attitude of the druggist, for, as he says, "The N. A. R. D. and pharmacists generally stand for legislation which will prevent the practice of pharmacy by physicians who have not qualified themselves for this work:" while in another place, he adds that "legislation that in any way will hamper the physician in his work of alleviating

suffering and curing diseases should not be countenanced." We certainly agree absolutely with the last statements, and it is for this very reason that we disapprove of all repressive legislation.

It is certainly farthest from our minds to criticise anyone unjustly—the druggist especially—and, really, we cannot see that we have. On the contrary, we are just as convinced that Mr. Carr has not got down to the heart of this matter.

To restate our own position: We certainly do not and never have urged doctors "to practise pharmacy." We have again and again urged every physician to utilize the services of a competent pharmacist, if there is such a one accessible. There are many things which the physician needs and which he cannot (should not) make or carry in stock, and which demand the expert services of the druggist. But it is entirely a different proposition to say that the physician *shall not* give a dose of medicine, without the intervention of the druggist, "except in emergencies."

While the doctor may be incompetent to mix up a satisfactory batch of Blaud's pills, or to make a nice emulsion of cod-liver oil, there is no reason in the world, so far as we can see, why he should not personally give, from his own shelf or case, a definite dose of any remedy available in a definite and reliable form, at any time, at any place and in any manner that seems to him best for the patient. And the main thing to be considered is neither the interest of the druggist or the doctor, but the welfare of the patient. This cannot be disputed.

Are we mistaken in believing that the main consideration with those who have proposed this legislation is to bring back the business of the doctor "by due process of law," a business that they have driven from them through counter-prescribing, unordered refills, the fostering of direct medication by the laity, substitution, and the aiding and abetting of quackery and the nostrum business in its most heinous forms? We are well aware that this arraignment does not apply to all, but that it applies *in toto* to very, very many there is no doubt.

Looked at from this point of view it seems to us that any really impartial observer must feel that the hands of the physician should not be tied, that he must be free to secure his remedial agents where he believes he can secure the best, to give them in the form which he believes most reliable and at the times and in the manner which best conduce to his observation and study of each remedy in each case, irrespective of whether it be an "emergency" case or not.

The practice of medicine does not consist merely in the formulating of a prescription which shall satisfy the exactions of the pharmacist's art, which as a finished product shall be attractive to the eye, pleasing to the taste, and free from dangerous overdosage or annoying incompatibilities; nor of one which shall fit into the restrictions and conveniences of the druggist's stock or his capital. It consists in accuracy of diagnosis (appreciation of conditions), in familiarity with the action of remedies, first of all given singly, and this can best be learned by the personal administration of remedies and their individual study at the bedside. In many a case, not an emergency case in the ordinary sense of the term, much can be done by being able to give what is needed when it is needed most, repeating or having it repeated under the doctor's eye, while he waits, until the desired effect is produced—and this before a druggist can be reached.

We insist that all legislation of this type is vicious. Anything that ties the hands of the physician, and interferes in the slightest degree with the full and free exercise of his curative or remedial powers, is wrong. To make the claim that it is necessary to protect the public from the ignorance of the doctor is in our opinion not only untenable but a direct personal insult to the medical profession of America, which should be resented by the American Medical Association through its official organ, and would be if its management were more interested in the welfare of the profession as a whole.

We have medical-practice laws to protect the public from ignorant doctors—and the remedy for professional ignorance is their enforcement; furthermore, all physicians are now compelled to be graduates in medicine, while probably hardly ten percent of the druggists are graduates in pharmacy; to have a "certificate" hanging in the store does not necessarily make its force of clerks competent either to practise pharmacy or to criticise and "check up" against the "ignorance of the medical profession."

Nor is it reasonable to found the necessity for this proposed legislation upon the carelessness of the doctor, for the doctor as an average human being is no more careless than the druggist, another human being, nor upon the recently alleged criminality of the doctor, as discovered by the "searcher" for our sins, *The Western Druggist*, for the average doctor has never been shown to have any greater tendencies to poison his patients than the average druggist to dispense knock-out drops to his regular patrons; nor upon the charge that the doctor dispenses just because he can make more money thereby, and therefore will use any cheap thing to make still more—for the doctor has more at stake and therefore has a greater financial interest in the purity and activity of his agents and the accuracy of his prescription-work than the druggist—or his constantly-changing clerks.

The real bottom fact of the whole matter is, that these arguments are mere pretexts —sand thrown in the eyes of the unwary, to mislead them as to the real issue. The simple and undiluted "mother tincture" is that this is a gigantic trade movement, its one object being to swell the volume of the druggist's business by bringing the prescription business back to the drugstore *by force*. The doctor is to be compelled by law to contribute to the building up of the druggist's business, irrespective of his own financial, personal or professionl interests, irrespective also of the financial and possibly the personal interests of his patients, since in many cases such an arrangement would place the doctor absolutely at the mercy of the druggist in the selection of his supplies, what he could or could not prescribe being limited by what it might be the pleasure of the druggist to carry in his stock.

And these proposed laws are being railroaded along by these same trade interests, *not* for the benefit of the people as they allege but for their own trade benefit, said laws to carry the further rider that the dispensing doctor, the ignorant independent "cuss" who won't be checked up by a druggist, must call the coroner if his patient dies!

We realize and deplore the bitterness of the competition in pharmacy, but we must firmly contend that it is no way to overcome this to seek paternalistic legislation which, in the opinion of thousands of physicians, will limit their efficiency and oppress a sister profession. Such legislation, instead of fostering the desired "era of good feeling" between doctor and druggist, is sure to bring a new access of bitterness. Suppose you could bring it to pass, Brother Druggist (which you cannot), is it worth it, do you think?

In conclusion we wish especially to commend the following position taken by Editor Carr of *Notes:*

"*Notes* favors a rigid enforcement of the law against counter-prescribing and every practice by the pharmacist which encroaches upon the rightful sphere of the physician; it especially condemns the attempted treatment of venereal diseases by druggists as dangerous, often criminal and at all times deserving of the severest censure."

We would like to add several items to this "reform" program, and *Notes* might well swell it by several more, but even this, uniformly carried out, would go a long way toward establishing more friendly relations between doctor and druggist—much farther than this proposed legislation, *which won't go at all.* The friendly relations that *should* be desired by all may be brought about; but purely selfish and artificial conditions, based upon legislative oppression, never will come to stay and if, by reason of the inattention of the medical profession, they temporarily prevail, their absolutely certain fall will make conditions worse than ever.

As we have said before, let every physician keep absolutely in the foreground the interests of his patients. If they are in his opinion best served by prescribing, let him prescribe; but if, on the contrary, he can do better for them by dispensing, it is unquestionably his duty, as it is his right, to dispense, and if our druggist friends will see the side their bread is buttered on they will clean house and start in right now to give the doctor a square deal.

Pluck wins. It always wins,
Though days be slow,
And nights be dark 'twixt days that
Come and go.
Still pluck will win. It's average is sure
He gains the prize who can the most endure,
Who faces issues, he who never shirks,
Who waits and watches, and who always works.

THE ABSORPTION AND ELIMINATION OF DRUGS

In *The Journal of the American Medical Association* for Oct 16 appeared a somewhat remarkable paper by E. R. Zemp, Professor of Therapeutics in the Tennessee Medical College. It is certainly a treat to hear of a professor of therapeutics who has the nerve to stand up for his chair, as he does in the following words: "The knowledge of therapeutics obtained from works on practice cannot replace the knowledge of physiologic action of drugs that should be the basis of our therapeutic efforts." We commend this sentence to those colleges that have abolished their chair of therapeutics.

The following extracts from his paper will show its exceeding value: The systemic action of a drug is due to its absorption, the duration of its action is dependent on its elimination or oxidation. Drugs produce their effect only when they gain access to the system at large. To prescribe a drug that is exceedingly fleeting in its action, at long intervals, is as absurd as it is dangerous to prescribe at short intervals, a drug that is slowly eliminated. The more soluble a drug the quicker it is absorbed as a rule. Alcoholic solutions are more rapidly absorbed than others. Hot solutions are introduced more rapidly than cold ones. Some drugs irritate the stomach so as to prevent local absorption; others poorly absorbed themselves form in the intestinal tract compounds, rapidly and easily absorbed. As to the patient, conditions influence absorption into the circulation. Absorption is peculiarly slow in dropsical conditions, so that hypodermic medication may be absolutely dangerous, the doses remaining in the tissues for days, to be absorbed after severe purgation or tapping. Chronic gastritis checks absorption. Active peristalsis may carry a drug so rapidly through the intestines that it is not absorbed. An empty stomach absorbs rapidly. Few drugs penetrate the skin. After absorption some drugs are eliminated unchanged, some reappear in the excretions as compounds, others are oxidized. It makes little difference so that we know that the drug ceases to act at a certain time.

Opiates, he says, are rapidly absorbed when given by the mouth. The effect of an ordinary dose can be felt in ten to fifteen minutes after it has been so given. Hypodermically it is much more rapid. Morphine hypodermically given has been detected in the saliva three minutes later; so sudden is its effect thus given that one should be careful not to give too much for the relief of pain, as the pain may suddenly stop and the full force of the drug be spent on the vital functions, causing death. One-sixth of a grain of morphine has thus caused death. Better give small doses and repeat every half hour until relief. Opium is readily absorbed from the mucous membrane, subcutaneous tissue, and slightly from the skin. A case is on record where four grains of crude opium placed in the ear caused death. Here we must object to the author's terminology. Opium as such is never absorbed. Its active principles are absorbed as they are dissolved, and not otherwise.

The elimination of these active principles is slow, a single dose requiring about forty-eight hours. It appears in all the secretions, no matter how administered, especially in the saliva and gastric juice. Very little goes out by the urine. Half the dose can be recovered from the stomach, even when administered under the skin or by the rectum.

With habitues it can be obtained from the urine one week after they have taken the drug. (Yes, we may add to this, in six weeks, sometimes.) The deductions are that large doses of opiates should never be given, but small doses, frequently repeated. Applied locally it has little effect, and what there is, is probably of central origin. It is a dangerous drug to give to nursing mothers, causing alarming symptoms in the infant. As morphine is largely eliminated into the stomach, one of the important indications in opium poisoning is to keep the stomach free from the drug, by constant and repeated washing out, the patient also drinking at short intervals a weak solution of potassium permanganate, which is harmless. The hypodermic use of the latter is useless. The saliva is perhaps better for making a diagnosis than the urine.

Cocaine is absorbed with remarkable rapidity from mucous membranes but it cannot penetrate the unbroken skin. It is absorbed with difficulty, if at all, from the ear. It is more readily absorbed from the nasal mucous membrane than any other part of the body. The eye comes next; the mouth and male urethra are not far behind; the rectum and vagina offer much more resistance to the passage of the drug. The effect applied to these susceptible areas is felt in half a minute. Hypodermically its effect is almost instantaneous. A girl of twelve died in forty seconds, after a hypodermic injection of twelve drops of a four-percent solution. Death has occurred from rubbing a five-percent solution on the gums, or from a four-percent solution applied for toothache. Applied locally the systemic effect is often out of all proportion to the amount of drug used, probably because the drug reaches the cerebrum in concentrated form. It is eliminated rather rapidly by oxidation, a little escaping through the kidneys. Where cocaine has never been used the physician should apply it with caution and have at hand alcohol and ammonia, in case collapse arises. Injected into the tissues the effect may be confined by ligatures placed between the point of injection and the center of the body, to keep the drug out of the general system. After the operation the ligature should be removed gradually. Let the wound bleed freely to wash out as much cocaine as possible. Stronger solutions can be used in the rectum and vagina than elsewhere.

No matter how given the absorption of digitalis is exceedingly slow; given by the mouth, hours or days may elapse before the full effect is obtained. It is absorbed by all mucous membranes, although it irritates them. It is rapidly absorbed by the skin. While absorption is slow, elimination is more so; the drug accumulates constantly and may manifest toxic symptoms suddenly. The larger part is supposed to be oxidized by the system, a little escaping by the kidneys. This renders digitalis unreliable for emergencies, where quick stimulation is necessary. Peril is experienced in draining away dropsies, in patients who have been taking digitalis for some time. The sudden withdrawal may cause quick absorption, enough to cause poisoning. Little of this, however, if any, applies to digitalin Germanic, either when given hypodermically or by the stomach. It is not irritating, it acts quickly and is quickly eliminated.

Glonoin is as to absorption at the other end of the list from digitalis, being absorbed almost instantly from the mucous membrane. It should never be tasted, as a drop of the official solution has caused death. The full effect manifests itself in from two to five minutes and may be maintained for about forty-five minutes. It is eliminated by the kidneys and the breath. It may be used when a quick effect is desired to relieve severe spasmodic pain as in angina pectoris. When given for its relaxing effect on the circulation, or high arterial tension, it should be given at short intervals. It is useless to give such a drug three times a day; neither should it be combined with digitalis with the idea of overcoming the contraction of the arterioles caused by the latter, for the effect of the one is brief, while the other is greatly prolonged. This counter-action may be obtained by giving the glonoin separately and at the proper intervals. This truth we have long maintained, and we are glad to

have Professor Zemp's aid in promulgating it. We are sorry that he did not add that a much better way is to combine digitalin with veratrine.

Belladonna is rapidly absorbed from the mucous membranes and skin; that is, he means that the atropine is. Its elimination is also rapid by the kidneys and intestines. It is found in the milk of nursing mothers, especially when in poor health. The effect of a single dose lasts two or three hours. Local applications should be promptly washed off, when dilation of the pupils and dryness of the mouth occur, as the drug may be absorbed through the skin so as to poison the patient.

The effects of chloral is manifested five minutes after injection and last several hours. It is readily absorbed from all mucous membrane, if not given too concentrated. It is irritating to the skin and mucous membranes, although later anesthetic. It is eliminated by the kidneys, as chloral and chloralic acid. It does not cumulate. It is also eliminated by the skin, producing sometimes skin leisons. It should always be given well diluted, to infants by the rectum. It should not be given in acute inflammatory conditions of the kidneys as it is eliminated as chloral, which is irritating to them. It is better to give small doses at short intervals, say every hour, than a single large dose.

Iodoform only becomes irritant by decomposition and formation of new compounds. It is slowly absorbed from the alimentary tract, but freely from wounds, so that poisoning readily takes place if it is applied to a large area. The symptoms may be high fever, with rapid pulse, or rapid pulse without fever, collapse and death; or they may resemble those of meningitis. Its absorption is especially rapid from the peritoneum. It escapes from the body by all the secretions, even by the breath, in the form of iodates, iodides, and organic compounds. Elimination begins soon after ingestion, and is carried on slowly, so that it can be found in the urine three days later. Infants may get its effect through the mother's milk. The prognosis is bad in severe poisoning cases, no matter what treatment is carried out. By the mouth iodoform in ordinary doses rarely causes alarming symptoms.

The only trouble with this admirable paper is that there is so little of it. We should like to see an entire work on therapeutics, treated by Professor Zemp, in the same manner, and we trust that he will feel it a duty to his class and to his profession to issue such a book. Should he see fit to do so we will insure him a large sale.

The satirical disposition of Siebenkas inclined him to be too polite and familiar with the common people, and too forward towards those of higher rank. From want of polish, he did not know how to describe with his back the exact curve towards the classics of the city; and therefore, in opposition to the voice of his friendly heart, he stood bolt upright.

—Jean Paul Richter

COLLECTIVE INVESTIGATION

Few perhaps of our readers realize, as we ourselves do, the tremendous power that lies back of the collective investigation that is carried on through the columns of this journal. A clientele of fifty thousand physicians! Think of it! Why, there is not a phase of disease, as manifested in any climate or any part of the United States, which does not come under the observation of some of these gentlemen. Many and many a time we have been able to correct our own partial observation by appealing to this vast mass of physicians for their aid.

We want to do it now: Two points have come up which are in dispute. One of them is as to the action of magnesium sulphate when administered hypodermatically. Meltzer says, that under these circumstances magnesium sulphate does not act as a cathartic at all, but rather the contrary, interfering with the action of the bowels as it does with all of the vital functions. One of our friends, however, tells us that he has administered magnesium sulphate in this way, in doses of one grain of the chemically pure salt, hypodermatically, and has found that it is a certain cathartic.

How is this? Has the gentleman made a mistake? Or are Meltzer's experiments upon animals not applicable to human beings? Either is possible.

We once knew an old physician in Lancaster, Pa., who had the custom of telling his patients that he would take the medicine himself. If a cathartic were needed he would tell the patient he should take the cathartic exactly at three o'clock that afternoon, and that it would act within five minutes, and that the patient should prepare for this or there would be trouble—and there generally was trouble if he did not prepare for it. It is possible therefore that the action our friend gets is suggestive.

The best way to make tests of this kind is to inject the medicine without telling the patient what you expect from it. We should be very glad indeed if any of our friends, who feel interested in this matter, would make a trial.

About two years ago we suggested arecoline hydrobromide as a hypodermic cathartic, and we obtained a few reports from it. It did not seem to be altogether satisfactory, at least it was not satisfactory to a number of those who tried it. Even among the veterinarians we find that arecoline does better when it is combined with physostigmine, and that these two administered together are quite certain in powerfully stimulating peristalsis. We would suggest that this combination be tried, 1-67 grain arecoline and 1-100 grain of physostigmine being about the proper dose.

In another matter: One of our staff has for a number of years been in the habit of treating hydrocele by the introduction of a Southey's tube, and he thinks a great deal of the practice, since it has always succeeded admirably. The fluid formed in the sac is drained out as fast as it is formed, allowing the walls to come together, and adhesive inflammation in three or four days completely obliterates the cavity. Not in a single case has he had sepsis or anything of the kind with which to contend. Of course he has operated as nearly aseptically as was possible.

Another of our staff tells us that he has not succeeded so well. We would be very glad indeed if those who have used this method or who feel like trying it, would do so, and let us have their reports. Out of the multiplicity of councils there cometh wisdom. If one hundred of you gentlemen would report on each of these points we should feel ourselves rich. If we can induce one thousand of you to report on each of them we should be affluent. It is wise for each of you who have had the experience or who is willing to have experience along either of these lines to do this, because you thereby influence others to do so, and in this way the whole body of our profession grows wiser together.

Never to tire, never grow cold; to be patient, sympathetic, tender; to look for the budding flower and the opening heart; to hope always; like God to love always,—this is duty. —Amiel

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THE "TALE" OF THE SHEEP

In the September number of CLINICAL MEDICINE we called attention, editorially, to the passage of a law in the state of New York providing severe penalties for the substitution on the physician's prescription of anything other than that specifically prescribed. Do the druggists of New York propose to submit tamely to the mandates of such oppressive (?) legislation? Do they propose to be bound to give the doctor what he wants—to admit that he even knows? Perish the thought! Read the following, clipped from a late number of *The American Druggist:*

Discussion and consideration of the provisions of the Page antisubstitution law and the desirability of embarking on a large scale in U. S. P. and N. F. propaganda work occupied the attention of the members of the German Apothecaries' Society at their latest meeting held on October 3. As a result of the consideration of the Page antisubstitution law and especially of the problem involved therein as to whether it is lawful for a pharmacist to dispense a standard preparation of one manufacturer exactly similar to that of another manufacturer which is called for in a prescription or in an order, the members decided to make a test case on this point and thereby settle this question definitely. To accomplish this end, they decided to invite other local pharmaceutical societies to join with them in the movement.

This problem on the Page law was presented by Ernest C. Goetting, who pointed out that it would be imposing a great and unnecessary burden upon druggists to compel them to keep on hand the goods of every manufacturer in order to satisfy the individual tastes of local doctors who write prescriptions for proprietary and standard preparations. President Felix Hirseman cautioned the members to be very careful in regard to this feature of the

law and advised them, before dispensing preparations other than those called for in prescriptions, even though such preparations be identical with those prescribed, to await the result of a test case. The ways and means of interesting other societies in this test case were referred to the trades committees.

At the same meeting the "advisability of entering upon a comprehensive U. S. P. and N. F. campaign among the local physicians" was discussed and the committee in charge of this work recommended that money be appropriated to circulate the needed literature among New York physicians, including one thousand pamphlets issued by the A. M. A., containing the results of the work of the Council on Pharmacy and Chemistry.

The thoughtful man who is accustomed to put two and two together will be inclined to reason out this peculiar situation in about the following fashion:

Stage I. The physicians of the country are to be taught, implored and commanded to use only official remedies, those now embodied in the National Formulary and the U. S. P. and those "passed" by the Council on Pharmacy and Chemistry. Through the organization journals every other remedy is to be penalized, and independent journals which accept advertisements of remedies not endorsed by or even submitted to the Council are to be made objects of organized attack, the purpose being to compel every manufacturer to submit his specialties to the Council —those not so submitted being publicly "exposed" in the *A. M. A. Journal.*

Stage II. The "products" submitted to the Council are carefully assorted and divided into two groups—"sheep" and "goats." The "goats"—regardless—are branded "not approved," a double knot is then tied in the tail of each by the energetic editor of the *J. A. M. A.* and it is kicked forth into outer darkness. The "sheep" are decorated with the white ribbon of "purity" and shooed along to———.

Stage III. Here another division takes place. Those protected by patent, including most of the German synthetics (not patentable in Germany, but constituting the great majority so far "passed") and some of the American (such as acetozone and adrenalin), all monopolies, are permitted to go their way in peace. The rest are urged on to the slaughter; through the beneficent "white light" of organization "publicity" they (the most valuable group) are now so wide open that "our great reputable houses" can flood the market with "just-as-goods"—with or without creditable or discrediting variations. By this time the "lamblet" is supposed to be sickening if not hiking for that pharmaceutical graveyard—the National Formulary.

Stage IV. In the graveyard—but still kicking feebly. Druggist has administered the *coup de grace,* thanks to his ability, backed by "the great ethical" makers of "dope for quackery," to override the laws of the country relative to this form of dishonesty—substitution. He can now load up his prescriptions with the "just-as-goods" without let or hindrance on the part of the foolish (because honest, hard-worked, busy and unsuspicious) doctor who labors under the delusion that he knows what he wants—but really doesn't—till he has asked the gang.

Stage V. Dispensing by the doctor forbidden by law. Must go to the druggist and be compelled to take whatever the druggist is disposed to give him or his patients.

Stage VI. Exit the doctor as an independent, know-something entity. Exit independent manufacturers, independent journals—and everybody independent generally. Turn the calcium on the management and "the great reputable houses" which can now continue in undisturbed possession of the field, still "making dope on the side." "'Rah! 'Rah!"

Isn't it beautiful? That's the plan. What do you think of it, anyhow?

IF YOU DON'T SEE WHAT YOU WANT—ASK FOR IT

Clinical Medicine is your journal; therefore, if it isn't just what you would like it to be, it is your fault—at least *partially* your fault. We want your help to fill in any "gaps" which we have overlooked, in every possible way. Among other ways of helping us is to tell us just what you want. There are subjects that

you and many other readers of THE CLINIC would doubtless like to see discussed in the columns of this journal. Tell us what they are and if possible we shall have articles prepared which will give you exactly what you require. Then we shall ask the "family" to send in their comments—so that all practical phases of these subjects may be presented.

Again we want to urge *you*, Doctor, to do your share. We are not content to stand still. We are determined to grow! And if we are to have a journal showing constant improvement it means a lot of work on your part as well as on our own. Can we not have the united effort—the "long pull and the strong pull"—which will really do the great things we are all striving after? Brother doctors, it's up to you!

WHAT OF THE INCOMPATIBLES?

A correspondent has just called our attention to the fact that very little is said in our therapeutics on the subject of "incompatibles." This is true; the reason is, that in the literal sense of the word there are probably no incompatibles in alkaloidal active-principle medication.

Every remedy capable of acting upon any function of the human body does so by either elevating or depressing that function. But this action may be exerted in one of a number of different ways. Pilocarpine causes sweating, while atropine checks sweating; but one may act by directly stimulating the sudoriparous glands, and the other by stimulating the inhibitory nerve-centers in the brain.

Aconitine stimulates cardiac inhibition; and that slows the heart, relaxes vascular tension, and lessens the rapidity of the pulse. To a certain extent strychnine is antagonistic of these three actions, and might seem to be a pretty nearly direct antagonist. Nevertheless, we know, as a matter of common observation, that we can obtain the action of these two remedies simultaneously, and we do so almost daily in actual practice. The reason for this we have explained at length elsewhere and can only allude to it here very briefly.

Pathologic deviations from the normal condition of affairs never occur singly. If we have too much blood in one part of the body, there is too little blood in some other parts; or in other words, if the vascular tension in a certain circulatory area is relaxed, the vascular tension in other circulatory areas is contracted. Virchow went so far as to claim that there was an individual consciousness in the single cells of our tissues. We contented ourselves by saying that these cells exert a selective action in absorbing from the blood supplied to all alike such elements as each cell needs for its own purposes; and consequently if a paretic cell required an atom of strychnine to restore its contractility it absorbed it, while if a spastic cell required an atom of aconitine to relax it, the aconitine was absorbed by that cell; each one passing by those elements in the blood which it did not need to restore it to normal condition.

This explanation was given at first simply as a working hypothesis, to explain the fact noted in clinical observations that these two agents could be administered at the same time to the same individual with advantage. This working hypothesis has a very good advantage over many others, in the fact that it at least *does* work, as anybody can tell for himself who will take the trouble to try it in practice.

In all diseases which are characterized by an abnormal amount of blood in certain circulatory areas this principle is applicable. Usually it is not strychnine, but digitalin, which is united with aconitine for this purpose; and either of these elements may be increased by the addition on one side of veratrine, and on the other of strychnine; the results being two powerful triad combinations, which form the foundation of vasomotor active-principle therapeutics. Moreover, the working hypothesis of vasomotor disequilibrium is found in actual practice so extensively that few cases come to the physician in which it is not to be invoked. As a matter of fact, working hypotheses founded on the active principles generally *do* work.

THE ALCOHOL PROBLEM IN EUROPE

An account of the eleventh Anti-Alcohol Congress, held in Stockholm, Sweden, July 27 to August 4, with a sketch of its most important work

By T. D. CROTHERS, M. D., Hartford, Connecticut

THE eleventh Antialcohol Congress was held at Stockholm, Sweden, from July 27 to August 4 of this year. These great gatherings began over a quarter of a century ago in Switzerland, and at first consisted of a small group of teachers, clergymen and doctors, with members of temperance societies, who sought to promote international interests and uniform methods of trying to overcome the evils from this source. Meetings were held every two years in different cities of central Europe, and the magnitude and importance of the subject grew with each Congress.

The Meetings at Paris and Budapest

In 1899 the meeting at Paris, France, became international in the number of persons present and the variety and magnitude of the topics discussed. The antialcohol part became a study of the causes, including hereditary, climatic, hygienic and other influences, that were active in the promotion and growth of inebriety and the excessive use of alcohol in the different nations of the world. At this meeting the degenerations and diseases springing from alcohol were the subject of several very elaborate studies by eminent medical men.

In 1904 a still larger congress was held at Budapest. Here the number of scientific men and professors in the great universities of the world exceeded that of any other gathering, and the bulk of the papers were scientific and statistical. It was evident that the subject was international and of universal interest to a far greater extent than had been dreamed of before. The next congress, at Stockholm, was the eleventh meeting and was taken charge of by the government of Sweden.

The former gatherings were voluntary and promoted under the patronage of prominent men, and received delegates from societies and any one who was interested in the subject. The government of Sweden formally announced this congress as under the patronage of the Crown Prince and officially invited every civilized country of the world to send delegates and representatives of the governments, who could discuss and aid in the general study of this subject. Nineteen countries responded, sending forty-three delegates, officially appointed to represent their governments. These delegates were composed largely of medical men in the armies and navies as well as in private life, and university professors, diplomats, philanthropists, and others known to have become expert to this subject. It was considered a somewhat remarkable innovation to have the alcohol problem pushed into such prominence, and made the subject of discussions that were national.

The government at Washington appointed the Surgeon General of the Army and the Medical Inspector of the Navy and the following physicians: T. D. Crothers, of Hartford, Conn., T. A. MacNicholl, of New York, V. A. Ellsworth, of Boston, and C. H. Hughes of St. Louis. The first three of these gentlemen were the only ones who were in attendance from the United States.

The opening of the congress was preceeded by a great temperance demonstration in which thousands of members of different temperance orders, after great processions, met in different parts of a park and were addressed by temperance orators. Nearly twenty thousand people paraded, and the bands and enthusiastic speeches made a most spectacular display and introduction.

The next day the congress formally opened with a very sensible speech from the Crown Prince of Sweden, who pointed out the magnitude of the subject and the necessity of having some cooperation and unity of effort in the various means and measures to combat it. Formal introductions of all the government delegates were followed by an oration from a medical-college professor on the general subject and the need of teaching children the evils from alcohol. The congress was then formally opened and divided into three sections, the scientific, sociological and popular. Each section was crowded by most enthusiastic auditors and papers were read in the German, French, Swedish and English languages.

The Scientific Work of the Congress

In the scientific section two very able papers were read on "The Medicinal Value of Alcohol" by Drs. Delbruck of Bremen and Vogt of Christiana. Both contended that alcohol should not be regarded as a stimulant and that its only value was that of a narcotic, and under all circumstance it was a dangerous drug. In the discussion which followed, its use in medicine was declared to be very limited and that other drugs were far safer and more reliable and that care should be taken to exclude it entirely from the hospital dietary.

Prof. Forel of Switzerland and Dr. Widerstrom of Stockholm discussed in two long papers, "The Influence of Alcohol in Sexual Life and Human Productiveness," showing by statistics that the use of alcohol in parents can be traced in degenerate and imperfect progeny. Tables and facts were given to show how exact degeneration was transmitted. "Alcohol as a Nutrient" was discussed in five papers, the unanimous conclusions being that its nutrient value was unproven and that no laboratory experiments confirm the statement that it has food value. One author made a strong plea for a vegetable diet, which he claimed would overcome all desire for spirits. A number of elaborate laboratory experiments were detailed at great length. "Alcohol in the Production of Criminality" was the subject of several papers, reiterating the conclusions reached before, that the use of spirits always favors criminality and pauperism and is one of the most active causes. Statistics of the use of beer in student life were given, showing the damage resulting. The subject of "Alcohol and Heredity" was treated in a number of very exhaustive papers, both scientific and popular. Some of these were really valuable contributions to the subject. Others were reiterations of well-known views. "Alcohol and Its Effect on Modern School-Children" was the subject of several scientific and popular papers. There was a general agreement that its effects were very pronounced, particularly in children who were given spirits regularly with their meals. Dr. MacNicholl, of New York, contributed an excellent paper on this topic, giving conclusions from the study of a large number of cases.

Alcoholism and Accidental Injury

"The Influence of Alcohol in the Production of Accidents," particularly accidents on railroads, was the subject of a long session. Several railroad physicians described the injuries to the sight, hearing and muscular control as due to the action

of alcohol and showed how essential it is that every person holding a responsible position should be a total abstainer. Dr. H. O. Marcy, of Boston, whose paper on this subject was read before the American societies, was quoted in a most flattering way.

Another long session was occupied with "Alcohol in the Army." A number of army men and chief surgeons took very strong grounds, urging the necessity of having total abstainers and driving out alcohol in every possible way, to prevent the soldiers from securing it. Several statistical studies were given, showing the failure and debility of military men who used spirits even in moderation. There was no reference to the canteen question, but it was evident that all the authors regarded alcohol in any form as a great danger to the health and morality of the soldier.

"Alcohol and Life Insurance" was another very interesting subjest on which a number of long statistical papers were read, all concluding that insuring moderate drinkers was a hazardous business. A number of papers were read on the "Accountability of Inebriates and Persons under the Influence of Spirits." One paper had this curious title, when translated into English, "Alcoholic Maladies of the Soul." Of course there was disagreement and difference of opinion and the discussion which followed showed wide difference of opinion.

On the question of institutions for the care and treatment of inebriates Dr. Crothers gave a history of the movement in America, while Dr. Ellsworth described the first institution in the world and its growth and progress.

Alcoholism and Social Problems

In the sociological section "The Effects of Alcohol on the Higher Class of Society" was a subject of several very interesting papers. "Alcoholism and the Social Question" was discussed at some length by a number of very prominent teachers and professors. "The Action of Alcohol on Aborigines" was another subject of extended discussion.

In the popular section, "The Influence of Alcohol in Literature and Art," "The Historical Teachings and the Alcoholic Question," and "The Duties of the Press to Combat Alcoholism," were all topics which attracted a great deal of attention and the discussions were participated in by a large number of persons. Dr. LeGrain of Paris read an exhaustive study of "Race Degeneration" from the effect of alcohol, with particular reference to France. This attracted a great deal of attention and has been published as a separate pamphlet for circulation in France. "Alcohol in Mental Disease" was discussed entirely from a statistical point, and while interesting, brought out no new facts. Many other topics attracted a great deal of attention, particularly "Alcohol in Industry," "Alcohol in the Traffic System," and "Organization of Temperance Societies." Prof. Edwards of London gave a series of special lectures on "Alcohol and the Methods of Teaching Its Injurious Effects to Schools and Popular Audiences."

The Gothenburg System

An entire forenoon was spent discussing "The Gothenburg System." Papers pro and con, giving startling statements, were read, and the conclusions reached were that it had not proved to be what its promoters expected. The daily press at Stockholm published full accounts of everything done, and a special journal was issued giving the discussions, papers and items, connected with the congress. An English-speaking meeting was held, principally by the English and American delegates, bringing out a very interesting discussion.

Several large exhibit rooms containing interesting matter pertaining to the subject were opened. One contained copies of 1100 different papers published throughout the world devoted to the temperance cause. It was a curious fact that a great majority of these papers were published in the wine- and beer-drinking countries of Europe. The United States, Canada, Great Britian

and the Colonies exhibited only 180 papers. Russia showed 30, and continental Europe the rest. These periodicals gave a very vivid impression of the extent and magnitude of the movement in Europe against alcohol as a beverage. In another room there were copies of over 100 great, flaming advertisements that were posted on the bill-boards of France and England. These advertisements consisted of statements and exclamations regarding the ill effects of alcohol, and were printed in colors and got up in every way possible to attract attention. Most of them were quotations from medical men, bits of poetry and lurid sentences. This is called the "Bill-Poster Crusade" movement. It has not reached this country yet, although a number of organizations have bought advertising space in the trolley cars for the publication of startling antialcohol sentences.

There were fifteen hundred persons registered as members of this congress. More than four hundred were physicians, scientists, college professors and persons interested in the hygienic and scientific aspects of the subject. Many of them were delegates from the great universities and were men of prominence as teachers of medicine and other subjects. A number of the papers read were exhaustive studies and contributions to the subject, but all were arranged in a judicial and scientific aspect, giving general conclusions rather than dogmatic statements.

An Important Bureau

A bureau for the collection and dissemination of papers, books, charts and pamphlets written on this subject, called the International Temperance Bureau was organized. Prof. Bargman, of Stockholm, is president and Prof. Hercord of Lausanne, Switzerland, is secretary. This bureau has the same purpose and object of the "Scientific Federation Society" formed in Boston last year and will cooperate with it and interchange all the data and matter received. Dr. Crothers is American secretary of this bureau, and is also director of the American Bureau. The object is to form a central repository for all the facts and data which are accumulating all over the world, and for a small fee to give the writers a full résumé of the entire literature. The American branch is located at 23 Trull street, Boston, Mass. It is under the care of Miss C. F. Stoddard, and it is now possible through this bureau to have copies of everything written pertaining to alcohol. Authors everywhere are solicited to send copies to these bureaus and in this way have their publications noticed and go to all parts of the world.

This congress was one of the most significant gatherings of the year, and indicated a growing appreciation of the alcohol problem and the recognition of the medical study of the subject. In Germany there are large numbers of medical men united in different societies, some to promote total abstinence, others to study the injuries from alcohol and not to favor total abstinence. There is a divided sentiment among many leading men concerning total abstinence. Such persons are very anxious to study the abuse of spirits, but are not yet prepared to denounce all use of it. A very large number of associations have been formed of persons who are not total abstainers, but who recognize the extreme danger from the use of alcohol, and are very active to promote every movement to combat what is called the misuse of alcoholic beverages. This differs widely from the temperance movement in this country.

Attitude of European Physicians

The medical men of continental Europe show far greater interest in the alcohol problem, and they make exhaustive studies of its effects in disease much more than they do here. Curiously enough, while denouncing it as a food, tonic and stimulant, they still cling to the theory that in small doses at meals it has little or no harmful effect. These great congresses have a very profound influence on university teachings and the number of total abstainers is said to be increasing constantly all over Europe.

A new movement, which began in 1896, called the International Association Against the Misuse of Spirituous Liquors, in which the members are free to adopt total abstinence or the moderate use of spirits in their private life, but are pledged to study the subject as a great hygienic problem, has become very popular and numbers many thousands of members, particularly among the educated and teaching classes. They were largely represented at this congress and joined most heartily in an enthusiastic effort to point out the injurious influence of alcohol and its dangers in every direction, and yet they do not agree with the total abstainer. The latter insists that all teachers and writers should pledge themselves to abstain from the use of spirits. Happily these differences of opinions attract no attention in the larger gathering, and were only noted in the tone and breadth of the papers. A total abstainer in private life, and one who believes in the moderate use of spirits, both writing on the same topic of race degeneration and both agreeing on the main facts will present quite different papers.

London the Next Meeting Place

The next congress will be held in London, in 1909, with the Duke of Connaught as honorary president. It is very evident that a much broader view with a larger presentation of scientific papers will mark this occasion. It is certainly a wonderful advance for the wine- and beer-drinking countries of Europe to take up this subject so enthusiastically and on such a broad scientific plane, notwithstanding social customs, prejudices and the prestige of ages. It shows that a new age has come in which every theory of the past is challenged and called on for the proof of its existence. This scientific spirit overcomes all such prejudices and this congress was an illustration of it.

The King of Sweden gave a garden party to the members of the congress, and the city of Stockholm gave two excursions, one a carriage drive and the other on a steamboat to neighboring summer resorts.

The different sections of the congress met in the city college-hall building and were crowded with spectators. The delegates were very largely leading representatives of all the temperance societies of the world, made up of clergymen, philanthropists and teachers. To an American there was a great variety of statements and opinions, and there were many persons who were trying to promote views so far in advance that the average man could hardly keep in sight of them, yet nevertheless there was a very earnest eagerness to hear and to compare the various views. A number of distinguished medical men listened or took part in the various discussions.

An Interesting Exhibit

An enterprising publisher from Switzerland had a show room for the sale of maps and charts to be used in lectures. These were principally statistical, showing in colors the rise and fall of alcoholic consumption and the mortality and disease-rates. One set of charts brought out the intimate relation subsisting between the use of alcohol and tuberculosis. Another showed how far alcohol complicated insanity and nervous diseases, by comparing the sale of spirits in districts where these diseases were most prominent. There were no charts representing the effects of alcohol upon the stomach or brain. Another room was devoted to statistics concerning mortality and disease in communities where the Gothenburg system was prominent, and still another room contained books and pamphlets in a bewilding number, giving the impression that this whole subject had occupied a very large share of time and study of many thousand people. One of the most impressive conclusions was that the alcohol problem is of greater magnitude and proportions than anyone at present realizes, also that it is a medical and hygienic question of equally startling importance. Another conclusion is evident, namely, that the solution must depend on a medical study of the facts outside of all theories or personal prejudices.

ALCOHOLISM SUCCESSFULLY TREATED

Telling the story of a drunkard: how he was reclaimed from chronic alcoholism and enabled to become a respected and honored member of society, through alkaloidal treatment

By J. M. FRENCH, M. D., Milford, Massachusetts

A FEW days ago, as I was passing along the streets of a little New England town, I came upon a gang of men engaged in making some repairs upon the highway and the premises adjoining, under the direction of one of the selectmen. Now, as some of the readers of CLINICAL MEDICINE may not be familiar with the duties and dignities of a New England selectman, I will simply say that a selectman is just what the word indicates, a man selected from among his fellows by their votes, to look after the interests of the town. The man of whom I am now speaking was so selected a few months ago, by the votes of his fellow citizens, and in his case this was done by a larger vote than was given to any other candidate. And to the best of my belief, he has thus far performed the duties of his office in a manner satisfactory to his constituents. So much for the standing of the man, in this year of grace, 1907.

Fourteen Years Ago an Alcoholic Inebriate

Fourteen years ago this man was brought to me in a state of beastly intoxication, which had become his chronic and habitual condition, to be treated for alcoholic inebriety. The only thing in his favor at the time was that he seemed really anxious to be cured, realizing that he was in the grip of a disease which he could not conquer alone.

The remedies which I was at that time using in the treatment of this class of cases consisted chiefly of the alkaloids, atropine, strychnine and apomorphine. With these, but of secondary importance, were certain tonic, laxative and alterative remedies, such as aloin, berberine, ammonium chloride, and some others which at this moment I cannot remember. Of course, other treatment was used as needed, and the routine was varied to meet the needs of individual cases.

The strychnine and atropine were given both hypodermically and by the mouth, the dose being graded by the effect produced. While doing this, it was at that time my custom—a custom which I afterward modified somewhat—to allow the patients the fullest liberty to drink as long as they chose, and for this purpose I always furnished good whisky. The usual history of the cases was, that after a period of from three to seven days the appetite for alcohol disappeared and the victim voluntarily abandoned his cups. Thereafter the treatment was devoted to the work of building up the system. In the rare cases where the appetite proved stronger than the antidotal effect of the drugs, and the patient refused to give up his drinks, an injection of apomorphine was substituted for the usual one of strychnine and atropine, and this was followed by a drink of good whisky given at once, which speedily came up and was accompanied by such intense nausea as in nearly all cases to sicken the victim of his cups; thereafter the power of the strychnine was sufficient to finish the work. There is nothing curative about the apomorphine, except on the principle of suggestion; but in this way it becomes a valuable and legitimate remedy.

A Mastering Craving for Drink

In the case of the man of whom I am speaking it so happened that he had a craving for liquor which was stronger than in almost any other man I ever saw. He drank freely and fully, took apomorphine and threw it up, and in a little while was ready for another drink. So it went on for three weeks, during which time he drank nearly

two quarts of good whisky a day. This was rather an unpromising showing, and I finally made up my mind to interfere in the interests of economy as well as of health. So I said to him one morning: "Well, my friend, I guess I shall have to help you out a little in this matter. You don't seem to be getting along very well, and I shall be obliged to taper off your whisky, and not let you have all you want."

I did so, saying to myself that I should give him three more days to end his drinking. And no sooner had the quantity of whisky been lessened, than the strychnine got in its work as a physiological antagonist of the alcohol, and soon his appetite began to abate. On the forenoon of the third day —the last one I had allowed for him to drink—he teased me for a drink, and I gave him a tablespoonful of whisky, which satisfied him. In the afternoon he failed to call for anything to drink, and the next day he would not take any. From that day to this, he has gone, not only without any intoxicating liquors to drink, but without any desire for them. For several years past he has served his town very efficiently as the liquor officer, charged with the duty of enforcing the liquor laws, and now he has been promoted to fill the office of selectman.

The Record of Cure

A few days after I met him, as I have described, I sat down and wrote him a letter, telling him that if he were willing to inform me, I should like to know whether he had had any desire for liquor since his treatment. Promptly came the reply, which I give verbatim, omitting only the names:

——, Sept. 23, 1907.

Dear Doctor French: In answer to yours of the 21st I will say that I have never, for an instant, had the least desire for anything of an intoxicating nature, and the older I grow the more I hate it, and every day of my life I thank God for my deliverance. Thanking you for the kind interest expressed, I am, Most sincerely yours,

———

I hope no one will misunderstand me. This is not a business testimonial. I am not treating cases of alcoholism, have not done so for years, and do not propose to do so any more. But I give this little story, and this letter, to show that there is such a thing as curing an alcoholic, provided there is a *man* back of the disease. And further than this, the lesson which I would like to teach, is this, that strychnine and alcohol are physiological antagonists throughout almost the whole of their spheres of action.

The keynote of alcohol is paralysis, that of strychnine is stimulation. Thus their main therapeutic effects are directly opposed, and their conjoint use is manifestly an absurdity, though often practised. I say their conjoint use is an absurdity. I will add, unless it is desired to antagonize the one by the other, as in the instance which I have given, which, I think my readers will agree with me I am justified in calling a case of "alcoholism successfully treated."

Turn Fortune, turn thy wheel and lower the proud;
Turn thy wheel thro' sunshine, storm and cloud;
Thy wheel and thee we neither love nor hate.

Smile and we smile, the lords of many lands;
Frown and we smile, the lords of our own hands;
For man is man and master of his fate.

—Alfred Tennyson

GELSEMININE: SOME OF ITS SPECIAL USES

Read before the Mississippi Valley Medical Association
at its meeting at Columbus, Ohio, October 10, 1907,
and republished from the Cincinnati Lancet-Clinic

By WILLIAM F. WAUGH, A. M., M. D., Chicago, Illinois

THROUGHOUT our southern States from Virginia to Alabama, there is a beautiful climbing vine, the yellow jasmine or gelsemium sempervirens. The long slender stems climb to the top of a tree where it spreads out its foliage and its beautiful yellow blossoms appear from January to May. The plant has an evil reputation from the number of accidental poisonings, especially of children, which it occasions. Nevertheless it is a popular remedy throughout the whole region in which it grows, being credited by the laity and physicians alike with very decided remedial properties. These depend upon two alkaloids which have been found in the rhizome and roots, namely, gelsemine and gelseminine. The former, gelsemine, resembles strychnine in its action, but beyond this very little is known about it. It is one of those remedies of the strychnine group which sadly need investigation.

Do These Alkaloids Vary in Action?

We have frequently expressed our conviction that when these remedies have been thoroughly studied, it will be found that they possess certain variations in action, which correspond to variations in the clinical phenomena presented by disease; which will render each of these remedies applicable in certain conditions rather than the others. Unfortunately, in the general neglect of therapeutics which has prevailed during the last few decades, the profession has contented itself with accepting strychnine as representative of the group, and neglecting all the others. Nevertheless, strychnine itself practically stands at the head of the materia medica today as the most universally relied-upon agent now in use as a strengthening remedy.

Gelsemium usually depends upon gelseminine for its effect, this being present in quantities that overbalance the gelsemine. This is by no means certain to be the case, however, and in some conditions we may have an almost pure strychnine effect from the crude drug. At any rate the gelsemine may be present in any specimen in sufficient quantity to notably influence the action of the drug. Hence, for accurate therapeusis, as well as for scientific study, it is necessary that we should avail ourselves of the alkaloid when extracted and separated.

Gelseminine seems to be a pure sedative, resembling cicutine, but exerting a greater sedation of the central nervous system. Death from over-doses is caused by paralysis of the respiratory center. Gelseminine when applied locally dilates the pupils and paralyzes accommodation, but this action differs from that of atropine, in that gelseminine paralyses the inhibitory ganglia, while atropine paralyses the terminals of the nerves. Gelseminine does not increase arterial tension but rather lessens it. It is one of the most certain and powerful depressors of the motor nerves. Toxic action is shown by drooping of the upper eyelids, and this is a signal for stopping the medicine. It lowers reflex irritability, causes a staggering gait with numbness, while the cerebral functions are unimpaired until carbonic-acid poisoning sets in. The temperature is lowered from first to last, muscular weakness ensues, arterial pressure falls; the pulse is slowed only as the excitomotor cardiac ganglia are affected. Small doses relax the muscular system and delay nervous irritation, causing a pleasing sense of ease; larger ones cause the lower jaw to droop also, and confuse the vision. The pulse slows to thirty beats per minute.

The therapeutics seems obvious. Since gelseminine lessens the supply of blood to the cerebrospinal centers, it is indicated in all cases where there is hyperemia of the brain or the cord; in fact, in all cerebrospinal inflammations and hyperemias, but not in passive congestions. Reading the surface indications, the eclectics recommend gelsemium when the face is flushed, the eye bright, the pupil contracted, the head hot, and the patient presents restlessness and excitability. With these there may be general headache. In whatever febrile malady these conditions may present themselves, gelseminine will be found an effective remedy. It is most effective in the earlier stages of fevers with sthenic manifestations. In small doses it is likewise of value in many forms of nervous irritability, even in such small matters as nervousness or "fidgets." In malarial cases it allays the cerebral excitement, and prepares the way for the use of quinine. It is useful in children's fevers and convulsions from teething, and in all gastrointestinal irritations; in hysteria, neuralgia, toothache, facial neuralgia, excitation of the nerves from any ordinary cause, insomnia and pain from nervous tension and local hyperemia, headache from eyestrain, migraine, nervous, bilious headache, myalgia and tic douloureux.

It is especially valuable in ovarian neuralgias, where it should be given in full doses. It gives relief in any painful or any spasmodic condition of the genitourinary apparatus. It is specific for chordee, and in the acute stages of gonorrhea in both sexes, also in acute cystitis. In fact, you learn to look upon it as almost specific in acute inflammatory or neuralgic pains in the genitourinary apparatus of either sex. It is one of our best remedies in spasmodic dysmenorrhea and uterine colic; also rigidity of the os uteri with dryness. It relaxes any spasmodic stricture.

It is a useful remedy, also, in any alcoholic delirium, in ordinary mania, and in ocular inflammations. Parrish found it beneficial in the alcohol and opium habits. It should prove especially valuable in cerebrospinal meningitis, where its particular influence seems to be exactly what we require. It promptly relieves the pains, headache and irritability of all forms of influenza, and without the depression following the use of coal-tar products. It has been praised in every form of spasmodic cough, and in all the varied affections which result from cerebral plethora.

How it is Best Given

As a rule it is best given in small doses, frequently repeated, until the desired effect is manifested. It is an especially safe remedy, since it is very rapidly eliminated; in fact, some writers says that it is difficult to obtain its beneficial effects in children for this reason, but this gives an added safety to the use of the remedy which is by no means inconsiderable. A number of writers have spoken of the value of gelseminine in breaking up recent colds.

This long list by no means exhausts all of the maladies for which gelseminine has been recommended. Every use, however, which has been suggested by the remedy is fully sanctioned by a study of its physiologic action.

The dose of gelseminine ordinarily employed for an adult is 1-250 grain, and this may be repeated every ten, fifteen, or thirty minutes as the occasion requires, until drooping of the eyelids and weakness of the lower jaw indicate a full and beginning toxic action of the drug, when it is to be discontinued or repeated less frequently. Thus given it is absolutely safe and of its efficiency no one who has given it a trial has any shadow of a doubt. Shoemaker went so far as even to suggest that it might prove valuable in controlling the convulsions of hydrophobia. This brief consideration may serve as an introduction to a somewhat notable experience I have recently had with this drug.

A Case of Morphine Habit

During the last year I have occasionally treated cases of the morphine habit, probably a score of cases in all, and I have been especially impressed with the fact that no two of these cases required the same treat-

ment. In fact, each new case seems to develop an indication for some new remedy. This was the case with a patient I treated recently, a physician more than fifty years old, who had suffered for some time with cystitis and excessive irritability of the bladder, largely dependent upon a urethral stricture, which he would not allow to be touched. He was taking about six grains of morphine daily, had been for about four years; even this failed to give him complete relief and every night he was awakened by the necessity of emptying his bladder seven or eight times, while he could not go far from his home at any time during the day on account of this necessity. As the morphine was discontinued, he developed a rather tense pulse and naturally an increasing irritability of the bladder, with two degrees of fever, a flushed face, bright eye, and quite marked fulness of the cerebral vessels.

Altogether, the picture presented was that of the indications for gelseminine, since these seemed to meet all the features of the case, including the irritability of the bladder. I therefore one evening substituted for his evening dose of morphine, 1-50 grain of gelseminine hydrochloride, given hypodermically. The patient rested through the whole night, only rising twice to urinate, and did not call for morphine during the night. When he asked for his morning dose of morphine, the next morning, he received instead the same dose of gelseminine, and from that time on he received no more morphine, but only gelseminine, the latter giving complete relief, in fact, so complete that the patient never knew but what he was taking morphine. One peculiarity about this is that at night, a single dose at bedtime seems to give him complete relief until morning, even though he did not sleep the entire night, but awoke several times. During the day he would call for a dose every two to three hours. He took as much as six or seven doses during the twelve hours that he was up, without causing at any time any marked toxic symptoms; in fact, he seems to tolerate gelseminine to a remarkable degree.

The result was very satisfactory in one or two other cases, where there were no bladder complications, but slight fever and slight fulness of the head with the restlessness always seen when patients discontinue their accustomed morphine. I administered the same dose of gelseminine hydrochloride hypodermically and with the happiest results.

Although experience has taught me that one, two or three cases do not suffice, to form a rule, I must say that the relief following the use of gelseminine has very strongly impressed me; and I shall certainly give further trials of this remedy along this line. However, I do not expect to find gelseminine a cure for the morphine habit, nor to find it very extensively applicable. In fact, I believe it will prove like pilocarpine, physostigmine and a number of other remedies. It will give relief when it is indicated and not otherwise.

In this connection, or rather to explain this, I will call your attention to an article which has recently appeared in a number of journals, crediting dionin with remarkable powers in the treatment of the morphine habit. It is said that the dionin could be gradually substituted for the morphine until the former was used alone; then the dose could be slowly decreased so that in ten days the patient could be completely rid of the dionin without the usual suffering. I have tried this in one case recently; it failed completely, nevertheless I do not say that the gentlemen who first reported cases of this kind were wrong. I have no doubt at all that it relieved the cases in which they used it, but that this can be used as a routine or in the majority of cases, I am decidedly skeptical.

The same claim was put forward some years ago for codeine. I have used it in probably twenty cases, and have never yet found a case where it could be substituted for morphine without the patient knowing it; and even when only 1-8 grain of morphine a day was used, the substitution of codeine up to seven grains a day did not give the relief from suffering which the 1-8 grain of morphine did. This ex-

planation I trust will prevent anyone from falling into the error of looking upon gelseminine as a cure for the morphine habit. I think it will prove a valuable aid in cases for which it is suited, not for any others. I am firmly convinced that there is not and never will be discovered a cure for the morphine habit which will be applicable for all cases. The only remedy which will exactly replace morphine, and prevent suffering when it is withdrawn, is morphine itself.

INDIAN METHODS OF TREATMENT

A description of some therapeutic methods in common use among the Indians, especially the sweat-bath and mud-bath, as observed by a physician who has dwelt among them

By CHARLES S. MOODY, M. D., Mullan, Idaho

NO one more fully realizes than myself that the caption of this article does not fall within the usual purposes of a medical journal. I am well aware that there are many who will find nothing of interest to them in the reading of an account, and making no claim of literary merit, of the manner in which savages treat disease.

An association of many years with the savage tribes of the Northwest, during which time I have had ample opportunity to become acquainted with their customs, has impressed me with the idea that at least a certain part of the profession may wish to know something of the habits of a people now fast passing from the stage of human action. The student of medicine certainly will be glad to know something of Indian healing methods and of the results that flow therefrom. As it will be impossible within the confines of a short magazine article to do more than barely touch upon the more important remedial measures, I shall confine myself in this account to the mention of only two of the most-used means of combating disease among these people.

The Indian Sweat-Bath

One of these is the "sweat-bath" and is used in common by all the tribes of the Pacific Slope. This sweat-bath has a threefold function. I shall place them in the order in which they occur in the Indian mind:

First, religious, in which the candidate for certain religious honors undergoes the sacred bath of purification. This differs somewhat in form from both the others, but as we are only dealing with the bath of therapeutics it will not be necessary to enter into detail more fully.

Second, cleansing, in which the savage is actuated only by the idea of getting rid of the body-emanations and the real estate that naturally accumulates upon his person by virtue of his mode of life. The idea obtains among certain people that a savage is filthy. That idea is bred of ignorance of Indian characteristics. An Indian is quite the reverse of filthy. He makes it a point to bathe as often or more often than his highly civilized white brother. Not only this, but he insists upon his friends doing so also; and no greater indignity can you offer an Indian than to refuse to join him in his ablutions, what though the method of the same is somewhat strenuous. The body-odor of an Indian is offensive to the educated sense of smell of the Anglo-Saxon, just as the body-odor of an African is offensive to my olfactories; but in the case of the savage, as I suppose it to be in the case of the African, it is not due to lack of personal cleanliness. It is true there are filthy Indians just as there are filthy whites, but from my experiences in the poor quarters of some of our large cities, the Indian has

an infinite advantage over some of his pale-face brethren.

The Bath of Therapeutics

Third, the bath of therapeutics. This is the method used by the Indians when they feel the need of ridding the body of disease. Before entering fully into the discussion of this matter, however, it will be as well to state that the ordinary remedial measures are only used in ordinary cases. When death stalks abroad in the Indian land the savage pins his faith to the ministration of the "sikiptawat." If the savage be only slightly ill, or deem himself so, he will resort to the ordinary remedial measures known to all Indians, but should he find himself *in extremis* he will discard all other means and call for the "sikiptawat." It may be as well to state here that no savage fears the future. He approaches the Dark River unhesitatingly. He may try every means in his power to avert the coming of the Boatman, but when the voyage is inevitable he bows his head calmly, turns his face to the tepee and accepts the summons. Many socalled Christians can learn a lesson from the ignorant savage.

Returning to the "sikiptawat." If the Indian sufferer feels that his case is a serious one then he knows that he is under the control of some denizen of the land of spirits. An evil genius is tearing at his vitals and that genius must be exorcized. The "sikiptawat" is sent for in haste and soon arrives with all the panoply of his craft. If his incantations are unsuccessful he retires and leaves the victim to his fate; the spirits are too strong for him to frighten away. Often a Good Spirit comes to the rescue and the patient gets well. In that event the "sikiptawat" gets the credit.

The Guidance of the Spirit World

An Indian is ruled by the spirit world. His whole life is governed by the influence of spirits over him. They guide him through this and protect him in the next world.

All this it is necessary to know, that one may understand why an Indian abandons remedial measures when he becomes extremely ill. It is when he becomes very ill indeed that the complaint passes from one resulting from natural causes into one of which the spirits are the causative factor. Medicines can do no good against the evil intentions of the spirits, therefore their use is abandoned. This is true also when the Indian is using the remedies of the civilized practician. Let but the Indian become seriously ill and he will cheerfully abandon your remedies, discard your advice and fight just as strenuously against your saving his life as it is possible for him to do. No matter how highly educated he may be, no matter what amount of Christian teaching he may have had, the sick Indian instantly reverts to his ancestral teaching and seeks the advice of his tribal "sikiptawat."

But to get back to the "sweat-bath." The Indian finds himself suffering from some ordinary physical ill; it has not reached the stage where it would pay the spirits to bother with it. For be it known, the spirits trifle with no common complaints. He immediately repairs to the bath.

Preparation of the Bath

Down near the shore of some stream or lake is built a little structure of willow sticks, cut and bent and the ends stuck into the ground so as to form a small dome-shaped hut. This is carefully covered with dried grass and rushes, then sometimes another covering of earth, until the whole is practically air-tight. Should it not prove so, it is covered over in addition with heavy woolen blankets. A small opening is allowed to remain on one side for ingress and egress. In front of the hut a pit is dug and this is filled with large stones, of which generally there are plenty near at hand. Over these stones a brisk wood fire is made and the stones heated red-hot.

All being in readiness, the patient is conveyed to the hut, should he be unable to walk alone, and placed inside. Several of the stones are rolled in alongside of him and a pot of water added to the outfit. The opening is now covered with blankets and the patient left to his own devices. He immediately begins a chant very much like

a funeral dirge which he keeps up during his entire sojourn in the inferno. At the same time he is splashing the water from the pot upon the heated stones. After the patient is cooked in this temperature for about thirty minutes he is unceremoniously hauled forth and dumped into the stream. This somewhat revives him and he is generally submitted to another parboiling in the "sweathouse." There are times, however, when the sufferer is too debilitated to submit to another seance, he is then rolled in blankets and carried back to the tepee.

It is astonishing what really beneficial effects these people obtain from this rude form of Turkish bath in such complaints as rheumatism, pneumonia, bronchial troubles and the like. Once in awhile the attendant gets overzealous and the pneumonic patient dies from acute pulmonary congestion, but that is an accident that is liable to occur to any of us, civilized or savage.

The Indian's Mud-Bath

A modification of the "sweat-bath" is the "mud-bath" for stiff and ankylosed joints or for scrofulous eruptions. The limb is encased in a thick plaster of firm mud and several thicknesses of blanket are rolled around this. Hot water is then poured liberally over the encased limb until a considerable blister is formed. The blister is then healed by the application of a balsam made from balm of Gilead buds, of which many trees grow along the river shores here in the west.

Massage and Swedish movement are among the remedial measures in vogue among the Indians. In fact I suspect that all primitive peoples have some form of massage. It would take a pretty husky Swede, however, to stand the Indian manipulations. The patient is divested of all his raiment and lain upon the bare ground of the tepee. Two lusty bucks are told off to administer the treatment. They perform their duty with religious fidelity. Each seizing a limb, they begin twisting it in every articulation. No matter if it be ankylosed or adhesions have formed around every cartilage. Adhesions, ankylosis and what not must give way. A Nez Perce buck manipulating a rheumatic limb can give Lorenz cards and spades and beat him out at that. The patient is supposed to bear all this with stoical patience.

After they have manipulated the limbs to their entire satisfaction they fall to and pummel them with closed fists until one would think the flesh nothing else but a mass of bruises. The limbs being completed, they attack the body. This too, they maul and knead and press with all their might. Perspiration breaks from every pore both of manipulator and "manipulatee." The patient groans with the pain and the attendants wrap him in warm blankets, toss him in one corner of the tepee and allow him to occupy his time in communion with himself. The next day the patient is either improved or dead. Either event is looked upon with equal equanimity.

For fear of making this sketch too tiresome I will quit. If the "family" survive this dose and want some more of a like prescription I may be induced to sin again. There is plenty more where this came from and I am only too willing to unload a lot of it upon a long-suffering reading public without the slightest provocation. My years of living among the Indians have equipped me with much that should be of interest to the student of ethnology, even though it cannot interest the student of healing.

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[There is a peculiar fascination about the methods of healing practised by savage and semi-civilized people. Though crude, uncouth, permeated by faith in the mysterious, savage like those who practise them, there is in all of them the elemental germ of truth. Whether the Indian knows it or not he is, with all his baths, rubbing and incantations of the "sikiptawat" trying to "get the poison out." In other words he is fighting autointoxication. Many a more learned practician might profitably take this to heart—a little. Translated into "our kind" of talk it means, "clean out, clean up and keep clean!" And we have a feeling that our patients will prefer "the alkaloidal way."—Ed.]

SOME ALKALOIDAL PHILOSOPHY

Gleaned, collated, amplified, and added to from "the teachings of The Clinic" by a man who loves the journal and tries to put its preachments into practice. Read at a meeting of the Geauga County Medical Society

By O. A. HOPKINS, M. D., Middlefield, Ohio

IN selecting this topic for discussion, I do not want you to think that it is my purpose to deal with it in an abstruse or scientific way, but purely as I conceive it, from a plain, common-sense standpoint. Neither is it my purpose to pose as a skilled therapist, nor as one having more than the average knowledge of therapeutic agents. Many a man has yet to make the discovery that he is no higher in his ideas, no more honest in his dealings with others, perhaps no more brainy than the average man with whom he is accustomed to rub elbows every day.

Have Faith in Manhood

It does not pay to set ourselves up on pedestals from whose superior heights we look down upon other people. I have great faith in the essential equality of men. After the varnish is rubbed off and we get down to the men themselves, the spiritual fiber of us all is about the same: some of it cross-grained, in another coarse, to be sure, but underneath it all there is the same respect for high principles, the same admiration for nobility of character, the same love of fair dealing, modified, albeit, and colored by individual peculiarities and conditions.

It pays to treat every man as if you believed him to be what he really is—a brother. His manhood will respond to your own manliness and you will both be the better for this mutual faith in each other. Once in a while you will be deceived. Some parody of a man will mistake your openheartedness for servility, for weakness or for self-seeking. Go forward like a man. After all, there are not many like him, for the heart of the average man is in the right place.

All this does not mean that you should abdicate any of your own rights. An honest man's opinions are the result of much travail of the soul and some labor of the body. They are his, and he should cling to them tenaciously until you or some other man can convince him that he is wrong.

The Patient's Welfare Above Everything

It is your right, as it is your duty, to give your patients the remedies and in such form as, in your opinion, will do them the most good, and to give these remedies in your own way, to prescribe or dispense, to use official or proprietary remedies, as you will.

Your first duty is to look to the welfare of your patients, and you must be honest with yourself. This right implies that the same liberty of judgment you demand for yourself should be freely accorded to the other fellow. He may be right and you wrong. Here again the pedestal-act is unmanly and unwise. If you think that he is wrong, approach him as man to man and listen to his arguments as well as handing out your own. If you are beaten, acknowledge it like a man.

Constructive criticism is needed. Progress moves in lines that may not always seem desirable to us, but it moves nevertheless.

Life necessitates constant growth and change, progressive evolution, even when that may seem undesirable to those in the arena of the present. No movement has ever succeeded in turning back the currents of human progress without sapping the vitality of the human race. The Inquisition sought to stay the workings of the human mind in what seemed to its organizers to be in undesirable directions,

and the intellectual and material deterioration of the nations, where it succeeded, was the result.

A Dependable Therapy the Great Need

It is but natural for a physician to have confidence in the drugs that he has learned to use well and from which he has obtained good results. I am far from condemning so natural a tendency, one in which we all share. But this conservatism is the chief obstacle in the way of progress, since it arrays our sympathies against improvement. The tide of quackery and self-medication with much-advertised nostrums and less-familiar galenicals, which is taking from the profession its glory and its dollars, to the detriment of humanity as a whole, can never be successfully stemmed unless the profession adopt and believe in and hence optimistically and successfully apply a dependable and controlled therapy. Unless the doctor demands of his manufacturer of choice that he cease to prostitute his facilities and besmirch medicine and pharmacy by manufacturing, for the price, the very things with which the quack and charlatan delude and dope the people, to the detriment of all, I firmly believe that it is impossible to recuscitate the old materia medica and with it win back the people to its known uncertainties.

Science is built on demonstrable certainty, and galenical therapy is certainly guesswork, largely. Recognizing and acknowledging the fact, we may ask, where are we to find the better means and methods that will enable us to retrieve our losses in the only possible way: by doing better work?

We Can Not Stand Still

One of the most brilliant successes of modern medicine is diphtheria antitoxin; but unfortunately it stands practically alone. Desirable as the development of other sera may be, we are not compelled to stand still and do nothing while we are awaiting their development. Disease continues actively at work and patients demand active and efficient intervention from us. We can not put away or dishonestly meet such appeals. We must do, and in doing, do intelligently and effectively.

To get results and avoid doing harm, let us lay down the following:

1. Know that your drug is exact and true and not variable.

2. Know what you are using it for, whether as a symptomatic, specific (curative), palliative, or as a placebo.

3. Give it uncombined, if possible; though to this rule there are many exceptions.

4. Use an efficient preparation and continue it until something happens, either the desired effect or some toxic manifestation.

Now, how shall we accomplish this latter end?

The way has been blazed, but the forest on either side is a network of uncertain trails, ways leading nowhere but still blindly followed by the unthinking and unsatisfied who daily sacrifice to the moss-grown idols of the past, refusing or neglecting to go the better way.

Crude Drugs and Active Principles

From numerous domestic and foreign sources we have indisputable proofs that crude drugs differ widely in their percentage of active principles. So long as the profession contents itself with the mixed prinicples, in the plant products, and with mixed and never certain results following their use, progress stops.

Many groups of alkaloids have been discovered whose actions differ in various degrees, just as the pictures presented by various cases of the same disease differ, and a most enticing field for therapeutic application and study is open before us. The door stands wide open, but on the threshold the dust lies thick and across it stretch the spider-webs of habit, apparently of toughened steel, but in reality of gossamer tenuity when the man of resolution essays to brush them aside. And yet this is the way to the medical "Fairyland," to the enchanted region where doubt and perplexity cease

to furrow the brow and where the calm consciousness of power based on knowledge rests as a crown on the physician's head, and where peace and confidence enter with him.

The Millennium not yet Reached

Don't get the impression that I have an idea that we have arrived at the millennium in medicine. It is my belief that there are still vast unexplored and fertile fields for discovery and new and better methods to be found for doing the old things; neither am I one of those who believe that all of the experience and research of the past ages have been valueless for the amelioration of disease and human suffering.

We probably shall make great advances in medicine as we shall in the arts and manufactures, but what we have already accomplished in this direction is not to be decried.

In the domain of vegetable drug therapeutics the profession owes more to the eclectic school than to any other, and I am glad to extend to these gentlemen my appreciation of their good work, though I confess that in my student- and college-days I was taught to look upon them with contempt. So too with our homeopathic brother. The more liberal I become in regard to other schools, the more good I can see in their systems.

In serotherapy we are virtually adopting only one more distant: the homeopathic doctrine of "like cures like." We all act upon that principle in many diseases, and if we could get nearer together on dosage, we could travel along in double harness very nicely.

Active-Principle Medication the Most Striking Advance

In my opinion the most striking advance in drug-therapy in recent years has been in active-principle medication. It should not be construed, however, that those who make a specialty of this use nothing else, for it is not true. They avail themselves of every definite chemical compound as well as other agencies which they think will be effective. In brief, they are eclectics, in the true sense of the term. In addition to using from choice the active principles—the alkaloids, resinoids and glucosides—in preference to the galenical tinctures and fluid extracts, they have formulated these few principles: "clean out" (eliminate), "clean up" (antiseptic ise), "keep clean," and use "just dose enough."

Many have the idea that alkaloids, being so powerful, are dangerous drugs to use. It is just the contrary; being of definite strength you know just what you are using and how to use them. Others, too, think that in using such infinitesimal doses it savors of homeopathy. There is where just "dose enough" comes in. Use just sufficient to obtain the desired result, whether it be one-hundredth grain or one hundred grains. As a rule, however, begin with a minute dose, repeat it frequently until you get the effect desired and learn the tolerance of the patient to the particular drug administered, then continue it in such-sized doses and at such intervals as seem indicated.

Faith Grows as They are Used More

The longer I use active principles the greater is my faith in their curative power. By this I mean that the patient not only becomes well after the disease has run a much milder course with an absence of many of the distressing symptoms that we used to expect in typhoid and pneumonia, for instance, but that a large proportion are cured (or seemingly even aborted) in from one-half to two-thirds the time that is considered the classical course in such diseases. And when I say this I am fully alive to the fact that there is an optimism that makes men ridiculous just as there is a pessimism that stops all progress.

Why should not definite principles, whose physiological actions are known, be more effective than a large mass of stuff, much of which is mere trash and inert or maybe containing antagonistic principles which retard or possibly nullify the action you are trying to secure.

But some will say, if there is virtue in a plant, it is in the whole plant. Let us see.

Nature in her unsurpassed laboratory has produced these things just as they ought to be used? Has not nature also distinguished between man and beast by giving us the power and intelligence to extract from nature's laboratory those things which are most useful to mankind. I will grant that nature has in some instances produced some things in just the state they ought to be used. If we must go back to nature in drugs, why not in all things else? Why not go without clothes and shelter save that of the trees and caves? If you felt the need of a little alcoholic stimulant, merely as a bracer of course, you wouldn't go out and eat an ear of corn. I am inclined to think that these back-to-nature fellows would be in a bad way to secure their tinctures embodying all the virtues of the plant if they did not use the distilled "active principle" of corn with which to extract its virtues.

Not Necessary to Shelve the Old Friends

In taking up this study it is not necessary that all of the old, tried remedies be shelved. The way to begin, is to begin, and begin at the bottom. Greater progress is made by starting by easy stages until underlying principles are comprehended: by commencing with a simple drug, learning its therapeutic range and activity, adding to this knowledge gradually by studying in turn the more common of the active principles. It will soon be your pleasure to regain that confidence in means which in turn gives you confidence in bearing, without which a physician is unworthy of the name.

In order to use the active principles successfully, you must diagnose more carefully than when your use of the galenicals—not a name-diagnosis, but an accurate knowledge of the pathological processes developing. Their use tends to make a more accurate diagnostician, a more successful physician, and to increase knowledge of the action of remedies and consequent financial benefit.

Therefore I contend that the more minutely that we can separate the active principles of the vegetable and mineral kingdoms and discover the action they have on the human system in health and disease, the more advance we are making in the domain of therapeutics and in the cure of disease.

For those who do not believe in alkaloids and would throw away quinine, morphine, aconitine, atropine, cocaine, veratrine, digitalin, hydrastine, strychnine, pilocarpine, hyoscine, and so on, and go back to the crude galenicals, I can only say: "Go your way, and God speed you!"

BE STRONG

Whatever may happen, whatever may come,
Whether things go right, whether things go wrong,
There is just one duty; abroad, at home,
It is told in the order: be brave, be strong.
The fellow who falters and loses heart,
The fellow who fears in the thick of the fight,
And he who behaves with the coward's part,
Has never heard this order aright.

Be strong to suffer, be strong to dare,
Be strong to speak, let your words ring true;
Be strong the burdens of life to bear,
Be strong to wait, and be strong to do.
And whether around you be silence spread,
Or whether anear you be shout and song,
In the core of your soul let these words be said:
In the combat of living, be brave, be strong.

—Margaret E. Sangster

THE INTERNAL SECRETIONS

Their relation to the causation of disease, and their promise for its cure. Some reasons why the therapeutist should study them more carefully

By J. J. HERRICK, M. D., Ottumwa, Iowa

WITHIN a year a prominent physician said: "To avoid dying stay away from the doctor as long as you can." Skoda has said: "We can diagnose disease, describe and get a grasp of it, but we dare not expect by any means to cure it." In such a temper drugs of unknown physiological action, cannot conscientiously be set to act upon bodily tissues in disease in which we are ignorant of deviations from the normal, of the chemical and physical processes going on in the cells. The death-blow came first to polypharmacy; today with many pharmacotherapy as a whole is almost moribund. Dr. Billings, when president of the American Medical Association in 1903, in his address said: "Drugs with the exception of quinine in malaria and mercury in syphilis are valueless as cures." Dr. Musser also, in his presidential address two years later, in 1905, said: "One can see less and less of the use of drugs." The hopeless pessimism of many of the leaders of the profession is well known.

Surgery and Internal Medicine

In the face of these sayings, if they are true, how can we have the audacity to put ourselves up as physicians and profess to cure diseases except such as lend themselves to surgical measures? Surgery has justified itself. It is not necessary to recount its achievements. It has in some conditions failed to accomplish all that was expected of it, as in cancer of the uterus, but on the whole it has done all and more than should be reasonably expected of it. With internal medicine as used in contradistinction to surgery the case is different; especially is it different as reviewed in the writings of many of our eminent physicians. It may be worth while to stop and consider why "internal medicine" should lag so far behind surgery and why in these early years of the twentieth century we have so little to offer our patrons.

We are in a transition period. We are in the dead water between two currents. In the past we had the medicine of credulity and empiricism. Credulity has rapidly been losing out as medical education advances. Empiricism still stands us in hand. There are some things we have learned by experience which are facts, and we know them to be facts, come the explanation when it may. On the other side of the dead water is the current of a new medicine, the medicine of the future, in contradistinction to the medicine of credulity and empiricism which belong to the past. This new current is just beginning to form and to take direction. It is physiological medicine based upon a true physiology which is only now beginning to be worked out. This is a necessity. Our knowledge is too far advanced to permit us to cling to the old, hence the pessimism that is abroad.

The Internist Must Know Physiology

A thorough knowledge of anatomy is the first requisite of a successful surgeon. It does not matter how good a diagnostician he may be, how well he may select his cases, or how skilled he may be in his manipulations, if he does not know the tissues he has to contend with he will often fail. So with the physician. It does not matter how skilled he may be in all the methods of refined diagnosis, how acute his faculties of observation, or how definitely he may be able to outline the course of any disease, he must necessarily fail in treatment if he does not know the physiology of the organs involved. As the surgeon must know normal anatomy in order that he may be able to detect patho-

logical anatomy, so the "internist", must know normal physiology that he may be able to appreciate pathologic physiology. He must know what keeps up the normal blood-pressure in order that he may be able to detect the cause of an abnormal blood-pressure.

Here is where the medicine of the past has failed. It wanted a knowledge of physiology, both normal and pathologic. It is astounding how ignorant we have been of the functions of many of the most important organs of the body and how far we have failed to comprehend the processes of which we have some knowledge. We know the use of the skeleton and of the skeletal muscles, we have some knowledge of the functions of the skin, teeth, hair and nails, but what have we really known of the functions of the spleen, thyroid, parathyroids, thymus, suprarenals, lymphatic glands, white blood-corpuscles, or even of the liver, that truly enormous gland of which some physiologist has said that it is the *terra incognita* of physiology.

Organs Whose Functions Are not Simple

The organs whose function we have presumed to know may have, and in fact do have, other functions besides those which are usually attributed to them. We know that the ovaries in the female and the testicles in the male have a marked influence upon the development and character of the individual, as seen in cases of early removal of these organs. This too in addition to the assigned function of reproduction. We have reasons to believe there are also other functions connected with the pancreas, salivary and intestinal glands, in addition to the digestive one. Many of these organs have no external secretion. That is, they have no excretory duct, therefore their products must be carried off by the blood or lymph, constituting an *internal secretion*. This must certainly be true of the thyroid, parathyroids, spleen, and suprarenals; otherwise they were useless incumbrances, unless it can be proven that the blood is modified in some way in passing through these glands without receiving anything from them.

Experimental physiology has demonstrated almost beyond the possibility of a doubt that these glands do contribute something to the blood that markedly influences metabolism.

Physiologists have just sufficiently invaded the field of the internal secretions to learn that there are tremenduous forces at work in the economy of which we have been almost wholly ignorant, and it stands to reason that when normal physiology is known, and when pathologic physiology has been worked out in each disease, we shall easily find in drugs now commonly in use preventive and curative powers not at all appreciated in our present state of knowledge. It is not reasonable to believe that all the therapeutic power of drugs is confined to mercury and quinine.

Leucocytosis and the Opsonic Theory

Metchnikoff some time ago practically established that immunity comes through the white blood-corpuscles, and that this immunity is brought about by the white cells incorporating within themselves the obnoxious substance and then digesting it. In this way are destroyed blood-corpuscles of an unrelated species, devitalized tissue of the individual, invading bacteria, foreign substances such as catgut introduced into the body, as well as the venoms of bees and reptiles and the toxalbumins of disease, with ptomains and leucomains, all of which are of a proteid nature and are digested by the trypsin content of the white cells.

Here we see a reason for leucocytosis in infectious conditions, namely, that there may be more of the cells to attack and destroy the invading elements. Also, in this connection is the opsonic theory of Sir A. E. Wright applicable. According to that theory the invading bacteria may be made more inviting to the white cells so that they take up and destroy them in greater numbers.

These studies are along the lines of physiology and are to be part of the foundation of future medicine. After the foreign matter is taken up by the leucocytes a most

important factor is the digestive substance within the cells which acts upon and digests such substances as are capable of being digested. Metchnikoff seems to believe this digestive is the product of the cells, an "internal secretion" of their own, which he calls cytase. Others believe, and I think with good reason, that it is trypsin produced by the pancreas and carried into the general circulation through those pancreatic veins which empty into the splenic vein. They believe it is given off as a zymogen and is inactive until it is acted upon by a product of the spleen, another internal secretion. These secretions are taken up by the white cells and within them an active trypsin is formed which is to digest whatever the white cells may incorporate in their excursions. There is much reason in this view. We know that the trypsin found in the alimentary canal is not produced as such by the pancreas but as trypsinogen, which on entering the intestine is mixed with the enterokinase which converts it into active trypsin. These are facts of fundamental importance. These secretions are among the prime factors in the nutrition and metabolism of the body, and of its immunity and defense against infection.

In such a short paper one can only suggest some of the important discoveries. A whole volume could be written on them.

The Thyroid and Its Secretion

The thyroid gland has been the object of considerable study within recent years and a mass of observed facts accumulated, which, however, have not been digested and are not as yet available to any great extent in general medicine. Enough is known, however, to demonstrate that the thyroid is the source of an "internal secretion" which has a marked effect on metabolism.

Cretinism is well known to be caused by a congenital deficiency or absence of the thyroid, or at least of an early destruction of the gland by some infectious disease. Infantilism, or an imperfect development, is caused by a deficiency of the thyroid secretion and may be benefited by thyroid feeding. The question is raised as to whether syphilis and tuberculosis are not responsible for congenital defects of the thyroid.

The observation has been made that the thyroid is sclerosed or imperfectly developed in phthisis and that children of such parents have small thyroids. This, no doubt, will be found to be one of the predisposing causes of phthisis. It has also been observed that the colloid substance of the thyroid gradually decreases during tuberculosis. It is a question whether the decrease has to do with the development of the tuberculosis or whether it is a result. In either case the question maintains its importance.

A further application of this knowledge comes in infant feeding. The child has no thyroid secretion during the first months or year of life. There is, however, thyroglobulin in the mother's milk which furnishes a constant supply to the infant. The calf has an active thyroid from birth and its mother's milk contains no thyroglobulin; therefore, the infant fed on cow's milk or any prepared food suffers the deprivation of this most important secretion until it is able to elaborate it itself, through the development of its thyroid. This may have an important bearing on the feeding of infants.

Effects of too Much or too Little Thyroid Secretion

In the adult the removal or destruction of the thyroid causes myxedema, with the result that all the metabolic processes are delayed and sluggish. It makes the blood venous and decidedly lessens the oxygen-carrying power of that fluid. That it does this indirectly, rather than directly, is practically proven, but that does not alter the fact, and the venosity of a thyroidectomized animal is relieved by the injection of the thyroid secretion. So also the internal administration of thyroid increases the oxygen-carrying power of the blood and results in a marked increase of the general metabolic processes.

That the thyroid secretion has some function in connection with pregnancy is certain. Observation has shown that the thyroid is enlarged in ninety percent of pregnant women, and in 20 out of 25 observed cases of pregnancy in which the thyroid was not enlarged there was albuminuria; also, in thyroidectomized cats which became impregnated albumin appeared in the urine. In congenital deficiency of the thyroid in the human subject and in dogs after a partial removal of the gland, tetany and other eclamptic manifestations appear during pregnancy. If all these are established facts, and they are observations made by competent observers, have they not a great significance in the management of a large number of diseases with which we deal, not the least among which are the diseases of pregnancy?

The Action of the Suprarenals

The study of the suprarenal glands and their secretion, so far as practical use is concerned, is of very recent date. The extracts of the glands on the market are among the most powerful and active of the products of the pharmacy. A secretion which is of such power when extracted and used out of its normal relations, when constantly being thrown into the circulation must be an important factor in the economy. Among the many observations made there are those which indicate that the suprarenal secretion acts directly on the cardiac muscle and on the muscular coat of the arteries, thus being an important factor in maintaining blood-pressure. Whether it acts principally by its direct local action or by influencing the blood-pressure through the nervous system may be in doubt, but that it is an important factor is demonstrated by the fall in blood-pressure on removal of the suprarenal glands, or in case of hemorrhage into both glands. Under such conditions there is engorgement of the large vascular trunks, with cold, pale surface and failing capillary circulation. On the other hand, an excess of suprarenal secretion increases the rate and force of the heart, contracts the large vessels and drives the blood to the surface, producing a sense of warmth and a nervous activity, a result of heightened metabolism.

That the suprarenal secretion has in some way to do with the hemoglobin is evidenced in Addison's disease, where a destruction of the coloring matter takes place and a slow deposition of a portion of it in the skin produces one of the marked characteristics of the disease, bronzing. If we deprive hemoglobin of its proteid and oxygen we have methemoglobin; by withdrawing iron from methemoglobin hematoporphyrin is produced. This destruction of the hemoglobin may be produced by full doses of some drugs and as acetanilid, and by excessive doses of many toxic substances.

A like effect is observed from a very much smaller dose when the suprarenals are deficient or when one gland is removed. This would signify that the suprarenal secretion assists in the construction of hemoglobin or in the maintenance of its integrity.

It has also been shown that the suprarenal secretion has an important action in increasing the capacity of hemoglobin to take up oxygen, as may be demonstrated by the rapid improvement in the cyanosis following the removal of the suprarenals when suprarenal extract is injected. How this improvement is brought about we may not be able to say. It has always been a problem in physiology how it was that the blood in passing through the lungs gave up its carbon dioxide and took up oxygen. As an explanation, the well-known tendency of gases to diffuse was advanced; here, however, we have a condition unfavorable for diffusion. The oxygen in this case has to overcome a higher tension on entering the blood and would naturally be taken in very small quantities, if at all. There must, therefore, be in the blood some highly oxidizable substance with which the oxygen eagerly unites. There is evidence that this substance is the suprarenal secretion, since the removal of the suprarenal glands destroys the power of the blood to take up oxygen, as is evi-

denced by air-hunger, cyanosis, and all the symptoms of suffocation.

It would take too much time to even touch upon the work that has been done along these lines in the way of experimental physiology; suffice it to say that some of the facts observed are significant and will be found to have a bearing on disease and its treatment. Take such a common disease as pneumonia. It has always been beyond understanding why a disease in which only a small part of one lung was involved would produce such profound depression, cyanosis, air-hunger, soft, rapid pulse, with a tendency to heart failure, and so on; when we know that a large part of both lungs may be obstructed and yet the patient not suffer from such marked symptoms. The statement that it is due to toxemia is only begging the question, for what we want to know is how does the toxemia do it and how may it be overcome? It is a significant fact that all the symptoms of pneumonia may be produced by the removal of both suprarenal glands, that is, cyanosis, lowered blood-pressure, air-hunger, depression, and so on, all, in fact, except the local lung symptoms. This would indicate that the suprarenal function was in abeyance during the active stage of pneumonia.

Passing over the evidence of an internal secretion in the case of the parathyroids, spleen, testicles, ovaries, liver, and other organs, we may insist that if known disease of these glandular organs or their removal or destruction produce such symptoms as we see in Addison's disease, exophthalmic goiter, cretinism, myxedema and so on, is it not reasonable to believe that minor defects in the structure or function of these glands is at the bottom of the majority of systemic diseases. This fact not being understood and the disordered function not being taken into account, the therapeutist has no rational basis on which to base his treatment; therefore the medical nihilism that is abroad.

This is a subject for study. There could be nothing more profitable for our medical societies to do than to take up the study of the physiological functions in health and disease, that we may be able to work out a rational treatment. To me it would seem well if our county societies were to appoint one of their members a committee on each of the most important fundamental subjects, as anatomy, physiology, the action of drugs, immunity and resistance to disease, and from time to time have them report to their respective societies all the recent advances and their bearing on medicine. If this could be done, instead of waiting many years for this knowledge to find its way to the practician, it would be put within their reach within a short time. Because such information is not found in the text-books or is not considered by men eminent in the profession, is no evidence that it may not have value. Many of the most important discoveries in medicine came from unexpected quarters and had a long, hard fight for recognition before they were excepted. If our methods of treatment were satisfactory there might be no urgency in developing something new, but being compelled to admit that they are not, it is high time we were looking for something better.

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[We heartily endorse the suggestion of Dr. Herrick, that this subject is worthy of the careful study of our medical societies, especially on account of its bearing upon the therapeutics of the future. Those of us who have followed the interesting and wonderfully promising work of Sajous feel like welcoming every movement in this direction. There is much reason to believe that at some time not very far distant we shall know *why* we use iodine, mercury and other drugs whose efficacy even now we are certain of—though we do not understand how or where they exert their medicinal action. Yet of this we "alkaloidists" are certain: that therapy *even now* has great gifts for the man whose eyes are open and mind receptive for new truths. Because *we know this* we are optimists — and alkaloidists !—Ed.]

COLOR IN DIAGNOSIS AND THERAPY

A description of some of the ways in which disease writes its autograph upon the tongue, the face, and other portions of a patient's body

By JOHN BENSON, M. D., Colfax, Washington

IN the September number of CLINICAL MEDICINE my attention was drawn to an article by "Back Number" in which he questions the correctness of the statement that, "As a rule white tongues indicate alkalis and red tongues acids, in fevers as well as in other diseases," accompanied by a sneer upon the curious sayings of some of the younger set of physicians.

The sneer does not apply to myself, for I am far in the sere and yellow-leaf "stage," but upon the truth of the statement, I would stake my very existence, for to me it has been one of the most precious therapeutic points within my knowledge, for more than thirty years, and if it is a fact that the younger generation has grasped and held on to this truth, these young men and their patients are indeed to be congratulated deeply.

This fact in therapeutics, I believe, was first put forth by Dr. King, an eminent eclectic physician, but my own inspiration was derived from a copy of "Specific Diagnosis," by Dr. John M. Scudder, of Cincinnati, first published in 1874, and which has since passed through many editions. In this work Dr. Scudder elaborates not only upon this statement, but many other clinical facts of the deepest interest to the inquiring everyday physician.

Another work, written some twenty years ago, by Dr. I. C. Duncan, of *The Chicago Medical Investigator*, entitled "Children, Acid and Alkaline" further evolved this fact and contained many interesting and valuable articles along this line of thought.

As I have stated before, for more than thirty years this fact (that the cases displaying the red tongue demanded acids, and the cases showing the white tongue demanded alkalis) has been an invaluable guide in the treatment not only of typhoid but of other fevers and diseases where these conditions existed.

Let us remember that in the tongue we have the most accessible and striking sight of the circulation of the blood that exists in the body. It is richly endowed with a large blood-supply, approaching close to the surface and easily seen through the thin mucous membrane covering its upper and under surfaces, and any change in the purity of the blood, or discoloration from infection or sepsis, is here quickly and readily seen.

Wherever in this article, I write "red" or "white," remember it is the color of the tongue itself that I refer to, not that of any exudation that may be upon it. The color of the tongue itself shows the condition of the circulating blood, while the exudation upon the tongue is an indication of the condition of the digestive tract and its glands: two very different propositions.

The red tongue, especially dark red, indicates infection or sepsis—what, when I was a student, was termed zymosis. It may vary from the smooth, bright red "which a fly might slip upon," as stated by Scudder, indicative of active inflammation or direct irritation of the circulation, shading to that of the brownish red or darkest purplish color, as seen in extreme cases of typhoid or typhus, indicating a more or less complete saturation of the system by some virulent septic infection.

All these cases demand acids. One may require muriatic acid, another acetic acid, another phosphoric acid, still another sulphuric or sulphurous acid, according as to which one is indicated—just a few drops in a glass of water to make a pleasantly acidulated drink, to be given liberally.

In other cases we find a broad, pale, flabby tongue, often indented along its border by the teeth. Here more often we find a gastric intestinal wrong, functional in its character, which is greatly helped and often corrected by the administration of the indicated alkali. It may be sodium bicarbonate or sodium sulphite or potassium chlorate. Whichever it may be, just a little should be given in a glass of water to make a pleasant alkaline drink, and this administered *ad libitum.*

Right here, let me urge upon you to give a plentiful supply of water, cool, clear and sparkling, acidulated or alkaline, to your feverish patient. The liquids of the body are being burned up rapidly by the fever, and the parched tissues, as evinced in the dry cracked tongue, are crying aloud for liquids to swell and soften their contracted fibers and endow them with new strength and vitality. Do this, and notice how much lower the temperature will run, how much less delirium you will have to contend with, how moist the dry, parched, cracked tongue will become (and note also that it will stay so), how much less sordes will appear upon tongue, teeth and lips, and how much more active will be all glandular action.

How often do we find cases in which no apparent response is made to our remedies. Day after day the patient remains about the same, no improvement visible. Medicine seems to have lost its therapeutic action. No response, no action, no reaction. Here it is that the acidulated or alkaline drink comes into use. Administer it freely, and soon you will begin to see response to the action of your drug, the case progressing rapidly to convalescence.

Let these and other clinical indications be followed by the physician and soon his confrere will be saying of him, as a competitor in early pioneer days said of me to a friend: "Benson never gets any severe cases of fever; they are all light and easy ones. If he got those I get his success wouldn't be any better than mine."

Why doubt the color of the tongue as being indicative of certain remedies, when we all make so much use of color in both diagnosis and treatment. Who can look upon a thick, dirty, muddy complexion and foul, furred tongue and not think, first of autotoxemia, and secondly of calomel, podophyllin and the salines, or upon the full ruddy face with bulbous nose, with the fine radiating lines of the arterial capillaries forming an intricate network upon nose and cheeks, and not diagnose the *bon vivant* and mentally prescribe much the same line of treatment and exercise. How quickly does the yellow face of all shades, bring to mind hepatic conditions and the cholagogs.

Take the thin, clear transparent skin, in which the blue veins are so prominently delineated as if streaked by a blue pencil. Who can help thinking of impaired vitality of the more than probable tuberculosis, of iron and the tonics, of good plain nourishing food, and of outdoor life in the freedom of sun and air? Again take the greenish waxy-white skin with pallid lips of budding womanhood. Does it not tell us of chlorosis and anemia? of impoverished blood and innervation, and instinctively call to the mind the remedies appropriate to this condition?

Take the bronzing of the skin peculiar to Addison's disease, fortunately very rare; how quickly will it bring the thought that there are such organs as suprarenal glands.

Do not the cheeks have an eloquence of their own? Who can look upon the circumscribed hectic flush of the tubercular and not have his heart sink within him at the prospective outcome, and upon the restricted spots of deepening red, often shading into a dark purple, so indicative of the pulmonary lesions of pneumonia, and of the corresponding remedy? The conjunctivæ will also tell for us their tale of woe. Turning from the clear sparkling-white of good health how quickly does the bright red tell of an acute inflammation or a direct irritation, or the icteroid discoloration tell plainly of obstructed gall-ducts—and the appropiate remedies. And last and worst of all is the clear white conjunctivæ in which a bluish shade may be discovered, for here we again find tuberculosis, often latent but ever present.

The white circle around the baby's or child's mouth, how plainly it tells of gastric or intestinal irritation, much more often than it does of the entozoa.

The dark circles under the menstruating woman's eyes, how suggestive are they of the functional wrongs of the reproductive organs, as are also the darkening areola of her breasts, the latter being also a valuable indication of pregnancy.

And the exanthemata. Has not each and every discoloration an invaluable guide to the medication?

Yes, color has indications of its own, and so has expression, and so has position, as also has motion; as also repose, so has action and so has inaction. They all have a silent language of their own, more often louder than words. Happy is the physician who will observe and combine their various phases in one harmonious whole, and regulate his therapeutics accordingly, for he will be the successful one.

Let me request "Back Number" not only to study his own literature but also to delve deeply into the vast mass of the eclectic and homeopathic clinical literature that exists today, and I promise him that he will find

> "Many a clinical gem
> Of purest ray serene"

to reward him for his labor.

Remember—

> "That Truth is truth where'er 'tis found
> On Christian or on heathen ground."

Let him unite the keen clinical symptomatology of the eclectic and the homeopath to the erudite pathology and scientific diagnosis of the regular. Let him unite bedside and laboratory—and behold the ideal physician! No longer a "Back Number," no longer a mere trailer, but the physician among physicians, the leader among men.

Specific diagnosis, specific medication and the alkaloidal remedy are the trinity that today calls every physician to success, and among those who answer will be found no "Back Number" and but few doubting Oslers.

SOME CURABLE INCURABLES

How some cases which both surgeon and internist may pronounce "incurable," may yield to advanced therapeutic methods, with the description of such a case

By CURRAN POPE, M. D., Louisville, Kentucky

Professor of Physio-Therapy, Kentucky School of Medicine; Consulting Neurologist to the Louisville City Hospital; President of the Louisville Society of Medicine and Louisville Medical and Surgical Society; Associate Editor, Journal of Advanced Therapeutics; Superintendent of the Pope Sanitarium

THERE is a popular belief, both among physicians and the laity, that certain diseases and disorders are incurable, and while this is true, still it does not indicate that because a certain individual has had the diagnosis of the disease made, that he or she is of necessity incurable. Curability is then an inherent quality of the individual. In order to understand clearly the title of this paper it becomes necessary to ask the question: What constitutes a cure?

Pathologically, it is the restoration of structure to the original or normal condition; clinically, it is the restoration of function and activity of the part, and in either case may be a restoration in whole or in part. Viewed from the standpoint of the clinician the cure might be satisfactory with very much less restoration than would be accepted by the pathologist in his definition of the term, while an even more restricted view of its meaning will be accepted by the afflicted individual.

Patients often call themselves cured when we, as pathologists, know that the underlying change may have been untouched,

save that its progress has been stopped, but a restoration of function has taken place that, to the patient, is practically perfect, because the remaining tissues, assuming the duties that devolved upon the organ as a whole, make for the individual a status or condition which, compared with his former state, is sufficiently assuring and satisfying to be termed by him a cure, so that in a definition, the position to be assumed as to whether socalled "incurables" are curable, the fact or facts must be borne in mind as to what is ordinarily considered incurable.

For the purpose of this article the writer would define "a cure" as the *restoration of function to such an extent as to render the individual capable of performing his usual vocation in life, even though this is more restricted than prior to the onset and climax of the disease from which he was suffering.*

Incurable, in our sense then, is the last word in the case, and is the preliminary step to the final calling of the curtain upon the last and terminal act of man's seven ages. Speaking from a clinical standpoint and from the position of the patient, incurable might be defined to mean to the average physician and layman that the patient had already exhausted the therapeutic power of medicines and that surgery had failed to bring about restoration to health.

Too often do we hear from those who have gone the rounds and who finally drift into the hands of some one whose line of practice is largely, if not entirely, within the domain of chronic disease and disorders, the statement that the possibilities and probabilities of restoration have been exhausted, that the surgeon's knife and physician's remedies have failed, and like the tempest-tossed bark on the turbulent white-caps the castaway seeks for succor in any direction, no matter how improbable the chances may be, buoyed by hope, the beacon light that leads him to further trials and sometimes tribulations.

Let us take up one of the ordinarily well recognized textbooks upon medicine and observe that in the vast majority of instances the articles are illy balanced, great attention being paid to symptomology, pathological anatomy, pathology, diagnosis, and very little to treatment outside of drug medication [and not half enough of that.—Ed.]. No one would deign to cast the slightest blame upon or curtail the deep interest taken by medical writers in the lines above enumerated; but, after all we, as physicians, find that the *practical side* of medicine is therapeutics, and that the most successful physician is as a rule the most skilful diagnostician, the cleverest interpreter of nature's shady side and best fitted to meet and overcome variations in structure and in function.

There is at present a widespread hue and cry raised by physicians against patent and proprietary medicines, but if the truth were coldly but sadly told, the medical man is really at the bottom of the layman's belief in patent medicine and in this way the medical profession has inadvertently pandered to the quack. From the moment that the medical student enters college to the time of his graduation he is impressed by two things: first, what can be accomplished by operation; second, what can be cured by drugs—and following in his footsteps, the unknowing and unsuspecting layman has taken up this belief, obtaining his confidence through the legitimate medical channels.

In chronic diseases, in socalled invalids and incurables, medication by drugs has become so discredited and has so often failed that it is astonishing to the reflective mind how any physician can place his sole confidence upon these measures.

These statements must be clearly understood, that while they are in a sense derogatory to medicine-taking in chronic diseases, still it must be admitted that in acute diseases, in emergencies and for the meeting of certain single symptoms, medicines have a useful and valuable place; but *they are by no means the whole field of therapeutics.*

For seventeen years the writer has spent his life, professionally speaking, in the management and treatment of chronic diseases, and for that reason and because of the fact that he has had every facility and all forms of treatment at his command, he believes that he can truly and carefully weigh and estimate the value of all therapeutic meas-

ures better than those who have never given these remedial measures their careful thought and study.

It is with these "curable incurables" that the writer proposes to deal in this article, and he believes that the case histories here presented will more than verify the statements that he has made.

The following case will serve to illustrate the foregoing: F. F., age forty-five, born in Ireland, of strong and sturdy parentage, came to this country when he was fourteen years of age, married when he was twenty-one and has since reared a family of five children, one of whom had an infiltration of the left lung which was suspected to be tubercular but from which she made a thorough and complete recovery. His childhood was uneventful and he suffered only from the ordinary diseases of infancy and childhood.

At about the age of forty-one, or four years before I saw him, he began to become rather nervous, which he attributed to his occupation and the strain of other cares, both financial and of the household. This condition gradually grew worse and finally centered itself in a spasm of the facial muscles of the left side and of the sternocleidomastoid muscle and trapezius. During the two years prior to the time I saw him he consulted eighteen physicians, most of whom made a correct diagnosis of muscular spasm of the muscles supplied by the seventh and eleventh nerves, namely facial and spinal accessory spasm. These combined spasms and contractions of the facial muscles were so great and of such sudden and powerful onset as sometimes to cause the patient, when walking along the street, to stumble and fall, owing to his lack of power to properly coordinate the muscular structures of the lower limbs at the time of the attack. Owing to the turned position of the head and the tonic and clonic spasms he was unable to pursue his vocation of engineer. This was the history given me when I first saw him.

Physical examination showed him to be a large-boned, close-knit, powerful man, somewhat emaciated and whose nutrition was very much below par. The heart and lungs were normal nor could any disease be found in the abdominal viscera by inspection or palpation save that the gastric line was two inches below the umbilicus. The muscular structures of the face and neck were in the condition above described: partial tonic spasms with intermittent attacks of clonic spasms. His pulse was 88, respiration 26, temperature 99.2°F; the tongue was coated and the bowels constipated. He complained of constant indigestion, probably brought about by the lack of care to masticate his food, his teeth being in excellent condition and well preserved. At times the abdomen was puffed and he vomited whenever the muscular spasm was severe.

He has never been the subject of any gonorrheal or specific infection and in fact has never had any form of sexual disease—his power and capacity being limited only by his disease. He sleeps badly and is frequently awakened and kept awake by the spasmodic condition of the muscles. He complaines of a constant, dull, heavy headache, occipital tenderness and soreness.

The knee-jerks are accelerated, as are all the reflexes of the body; no clonus is present, there is a fine tremor and marked tenderness of the cervical and dorsal spine. He is frequently subjected to vasomotor flushing of the face, and complained of constant coldness of the extremities, both hands and feet. He is a man of bright mind but is beginning to feel the strain of the disease and has noted a marked impairment of a once magnificent memory, a tendency to emotion and tears, a constant depression, a morbid dread of an early impending death, which would leave both wife and children without support. The pupils are equal, responding to light and accommodation; the vision is normal, having been examined by three ophthalmic surgeons; the hearing normal; no throat or nose lesions.

An analysis of the gastric contents gave the following, after an Ewald test-meal of one hour:

Total acidity	.130	Normal	.180–.200
Calculated acidity	.086	"	.180–.200
Free HCl	.016	"	.025–.050
Combined chlorine	.036	"	.155–.180
Organic acids	.072		

The solution was poor, absorption slow, and microscopically yeast and molds were found showing that he was suffering from a hypopepsia, with acid fermentation; gastrosia fungosa and gastric atony. The hemoglobin tested 50 Fleishl (normal 100) with marked increase of leucocytes, of the polymorphous variety, with many microcytes and a few poikilocytes, showing an anisocytosis and secondary anemia.

The urine amounted to thirty-eight ounces in twenty-four hours, specific gravity being 1030, and the reaction acid. Upon chemical examination—urea 1.2 percent, phosphates 1 Cc. (normal 1.5 Cc.), chlorides 2 Cc. (normal 2.5 Cc.), with a trace of albumin and an excessive quantity of indican, while microscopically pus-cells and epithelium, with oxalate of calcium and uric-acid crystals in large numbers were to be seen.

This case certainly did not present attractive features for ordinary medication, so the patient was put upon the following combination: the stomach was washed every other day with an antiseptic solution and diet carefully regulated to meet the requirements, mastication of food being insisted upon. He was given a bitter tonic, containing nux, gentian, hydrastis and cascara, after meals, with the object of stimulating secretion and overcoming constipation. He was given hypodermatically atropine sulphate in gradually increasing doses until toxic effect was produced.

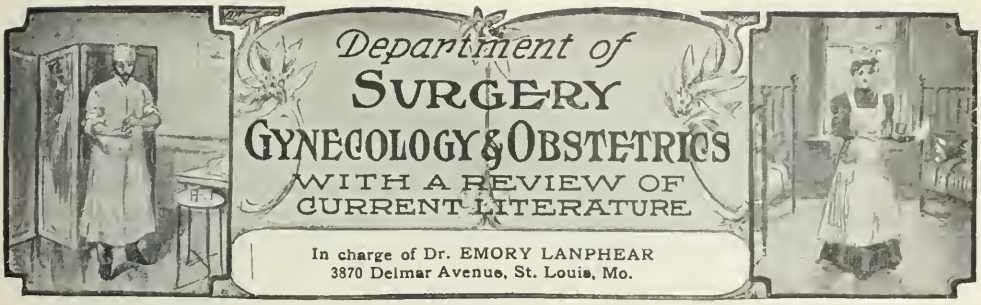
This patient received the largest dose of atropine that I have ever heard of any single individual taking, namely, one-tenth grain per diem for several days, before its toxic action was induced. He was given general mechanical vibration and hydrotherapy, consisting of a preliminary hot-air application to free perspiration followed first by the circular rain-bath at 100°F., for one minute, this being succeeded in its turn by the jet douche applied up and down the spine with especial care to the cervical region, as hot (110°F.) as it could be borne and suddenly reduced to the lowest temperature he could stand (50°F.); the treatment being terminated by a fan douche at 50°F. to the entire body.

Galvanism was used as follows: The negative pole was attached to a large pad placed at the epigastrium, and the positive was then placed first over the muscles of the face and neck, next passed up and down the cervical sympathetics on both sides, and lastly applied for a number of minutes constantly over the cervical region.

At the end of thirty days no progress had been obtained save to produce the toxic influence of atropine, but the patient possessed full confidence, stuck doggedly to the treatment, so that at the end of sixty days of patient perseverance a decided change had taken place for the better, in that the attacks were less and a gain of five pounds had been made. The treatment was continued with variations uninterruptedly for nine months longer, making eleven months in all. The medicine was gradually discontinued as the digestion and assimilation improved; the hypodermics of atropine were lessened and finally discontinued and then a gradual reduction of treatment was commenced until at the end of the nine months none was being taken.

This patient was dismissed fourteen years ago and I have had constant opportunities of seeing him and noting his condition. He promptly resumed his place as engineer of one of the fastest trains out of Louisville and has practically lost not a day in the past fourteen years on account of the disease for which I treated him.

As an evidence of his perfect recovery he has been in two accidents without a return of his attacks. Within the last month I have seen him, a strong, healthy, happy patient whose gratitude has never for one instant waned during this long period of years. According to the textbooks, both general and special, these conditions are incurable and I therefore have pronounced his case to be one of the "incurable curables."



TUBERCULOSIS OF THE KIDNEY AND BLADDER

Its pathogenesis, mode of infection, symptomatology, and methods of treatment, including surgical intervention and local and internal medication

By W. F. CHURCH, M. D., Greeley, Colorado

TUBERCULOSIS of the kidney, while chiefly an infection of tubercle bacilli requiring surgical aid, has only within the last few years received the attention of surgeons commensurate with its importance. If surgeons have been slow in giving proper attention to this subject it could hardly be expected that the general practician would be impressed with the fact that it is a common infection. Willy Meyer and Kelly both claim that it is a very common disease while Bevan states that it is more frequently present in operations for fixation than for stone or tumor. In all operations by Israel for renal trouble 13 percent were tuberculous. In adult tuberculous subjects the kidney is found to be involved in about 5.5 percent of cases, or 1 in 18, while it is nearly three times as frequent in children. The kidneys were affected in 131 of 2390 general autopsies in the pathological laboratory of Johns Hopkins Hospital. In tuberculosis of the kidney, in more than one-half of all cases, it is impossible to discover a primary node of infection in other parts of the body though believed by some always to exist.

The Method and Site of Infection

The most common period of infection is between 20 and 40, but it may occur at any age. While tubercle bacilli are admitted by all to be the cause of the disease there has been quite a difference of opinion as to the method or route of invasion. Some textbooks of recent date state that the bladder is infected first and the disease extends upwards through the ureter to the kidney, but recent investigators like Kelly and Casper believe the infection almost invariably takes place from the circulation, and that when both the kidney and bladder are involved the latter is nearly always infected from the tuberculous pus poured down from the kidney through the ureter.

In 90 percent or more of cases in the beginning, the disease is unilateral or confined to one kidney. The second kidney may remain uninfected even though the disease progresses to a fatal termination, but in a majority of instances if the diseased kidney is not properly treated, will become involved. Autopsies at Kiel have disclosed that in 62.3 percent of cases both kidneys were found to be tuberculous. After one kidney is involved the manner in which the other kidney becomes similarly diseased is yet an unsettled question. Some observers claim that the disease extends from the bladder after it becomes tuberculous while others are of the opinion that the blood-stream is the route of invasion.

Primary tuberculosis of the bladder, according to the latest investigation, is rare.

Garceau, in a series of 18 cases in women, found the bladder alone affected in 2 cases, or 11 percent. Kelly has never seen but one case unassociated with tuberculosis of the kidney. He further reports that out of his series of 62 cases of kidney tuberculosis nearly two-thirds showed bladder involvement. The bladder may be secondarily infected from tuberculosis of the epididymis, prostate, seminal vesicles or tubes.

The Symptoms of Renal Tuberculosis

For months, or even years, tuberculosis of the kidney may remain apparently latent or without sufficient symptoms to attract attention. In most of the cases an increased frequency of micturition especially at night is the first symptom that is noticed. The bladder gradually becomes more and more irritable and there is a disagreeable sensation and later pain more or less severe especially at the close of urination. The urine is light-colored or of turbid appearance and on standing shows a large amount of sediment. The reaction is acid, unless a mixed infection is present. This acidity was formerly thought to be of considerable importance in diagnosis, but urine may be acid in ordinary cystitis. The specific gravity is usually low. What appears to be a large amount of albumin is found by tests for that substance but on examination by the microscope will be seen to consist of pus, blood-cells and possibly casts and epithelia. On careful examination tubercle bacilli may be found in a large percentage of cases.

While evidences of blood can usually be found microscopically, attacks of hematuria may supervene and in fact be one of the very prominent symptoms. Rarely a large amount of blood may be poured into the bladder, requiring the use of a catheter for emptying, or it may be passed in long casts of the urethra. When the bladder itself it attacked the symptoms do not differ sufficiently to tell the time of the involvement but are likely to become more pronounced, especially tenesmus and strangury. With increasing ulceration, the bladder gradually becomes contracted, in extreme cases to the size of a hen's egg, while the suffering may become so intense that death may be a welcome release.

Occasionally renal colic may be the first symptom of tuberculosis. In some cases there is a dull, heavy ache or chilly feeling in the lumbar region. There may likewise be at times an ache or pain in one loin or in one side of the bladder or vagina.

In the early stages of the disease, if free from tuberculosis elsewhere, the patient may appear to be in good health. Some have rise of temperature in the afternoon or the socalled hectic fever, followed by sweats and rapid decline in health.

The Diagnosis of this Disease

As a rule tuberculosis of the kidney is not easy to diagnose. From its location it presents difficulties not existing in most of the favorite breeding-places of tubercle bacilli. If tuberculosis is present elsewhere in an active form its most prominent symptoms may cause even a careful observer to overlook the renal infection. That frequent failures of diagnosis in primary and secondary infections occur may be inferred from a statement of Kelly that in his cases the average duration of symptoms before consulting him was three and one-half years.

As symptoms of cystitis are usually present, and generally the most marked of any symptoms, it is not strange that a diagnosis of that condition in the ordinary form is often made. If its cause cannot be traced to a dirty catheter, gonorrhea or traumatism; if hematuria is sometimes present; if the capacity of the bladder is diminished and if the symptoms do not abate and yield to proper local and internal treatment, tuberculosis may be strongly suspected. Tuberculosis, if plainly apparent elsewhere, adds to the probability.

Hypernephroma and nephrolithiasis not infrequently present many of the same symptoms common to renal tuberculosis, so the latter must be most frequently differentiated from these conditions. Renal colic is a more prominent symptom when stone is present than in tuberculosis, but

the chief reliance should be placed on the use of the x-ray, which will show the existence of stone in nearly all cases.

A tumor of the kidney may be palpated in a large percentage of cases which is not true of tuberculosis unless a marked pyonephrosis has developed. Pus in the urine is not so commonly present as in tuberculosis. If tubercle bacilli are found the diagnosis is settled. According to Casper, if careful examinations of catheterized urine are made, tubercle bacilli can be found in 70 to 80 percent of cases. Some observers complain of the difficulty of distinguishing tubercle from smegma bacilli. In case of doubt or where no bacilli can be found some of the sedimentary urine can be injected into guinea-pigs and a postmortem search made for tubercles five or six weeks later.

A diagnosis once made it is of great importance to learn how far the disease has advanced, if unilateral or bilateral. For this purpose the segregator and cystoscope, especially the latter, are of great value. The segregator may be used to advantage if the bladder is still healthy but there is a possibility in vesical ulceration that it may injure the ulcerated area with which it comes in contact, as well as produce much pain. If bacilli are found it may be difficult to decide if they come from the ulcers in the bladder or from the kidney. Cystoscopy will show the condition of the bladder, whether the disease has just begun, as manifested by an inflamed area at the ureteral orifice, or if the tuberculous ulceration is more widespread. By catheterizing the ureters the condition of the kidneys can be quite accurately learned. In badly contracted bladders neither the segregator nor cystoscope can be used and the diagnosis of unilateral or bilateral invasion must be made by the symptoms present or by the method proposed by Israel, which consists in cutting down and incising the ureter at a point near the pelvis of the kidney and then securing a specimen of urine for examination.

Renal colic, tenderness over one kidney or tenderness of the urethra, as discovered by vaginal or rectal touch, may strongly indicate the site of the diseased organ. According to Israel pain in one side of the bladder, vagina, labium or urethra is pathognomonic of the location of the kidney involved. From these symptoms he made the diagnosis of the kidney diseased in 70 percent of his cases.

The Treatment of Kidney Tuberculosis

Tuberculosis of the kidney not properly treated must in time terminate fatally. The treatment is chiefly surgical. When the disease is confined to one kidney the indicated surgical procedure is the removal of that kidney. What were once considered weighty objections to such a radical operation are not now looked upon as contraindications. Tuberculosis of the bladder is not a contraindication to the operation, but is one of the chief indications for its performance, for if not spontaneously cured, as not infrequently happens, it responds usually to local treatment that previously was of little or no value. Albumin, with hyaline and granular casts, in the urine from the unaffected kidney while indicating a certain amount of renal insufficiency do not contraindicate the removal of the tuberculous organ, as the urine may afterwards gradually become free from abnormalities. When both kidneys are diseased the removal of the one most seriously affected has improved the condition of the remaining kidney and also the general condition of the patient.

Tuberculosis in other parts of the body, unless active, is not a contraindication to a nephrectomy.

If the bladder is too much contracted to admit of cystoscopy a knowledge of the functionating power of the healthier kidney cannot be obtained or in fact sufficient knowledge for operation on either unless unilateral symptoms have been unusually prominent. In such conditions an exploratory examination of both kidneys should be made before one is removed.

The operative mortality from nephrectomy for tuberculosis has considerably decreased in recent years. Israel reports 11

deaths, or 11.5 percent, as a result of 97 nephrectomies, while Kelly reports the loss of 4 or 7 percent in 57 operations. Of those who survived, the results have been very encouraging to renal surgery. Kelly had 20 nephrectomies where only one kidney was tuberculous and the bladder not involved that "remain in perfect health over periods extending from 2 to 10 years." In 36 cases with "extensive bladder tuberculosis 18, or 50 percent, were "entirely cured for periods of longer than two years and up to 12." One of the results that Israel obtained was an average increase of 37.4 German pounds in 94 percent of cases. When the bladder showed irritation, but not disease, there was relief of symptoms in 78 percent of cases, and when the bladder was also diseased there was disappearance of bacilli in 93 percent.

As a palliative measure nephrotomy is sometimes indicated in marked cases of pyonephrosis from tuberculous or mixed infection. If the second kidney is not likewise or too badly diseased a nephrectomy may be performed later. Great relief sometimes follows the opening and drainage of the diseased organ.

General and Local Medication

The hygienic measures advocated in pulmonary tuberculosis are of great importance in the renal and bladder form. While a cure may not be expected from internal medication some relief may be afforded and it is not improbable that the disease may be held somewhat in abeyance. Creosote, guaiacol carbonate and ichthyol have given better results apparently than other remedies. For the bladder involvement a derivative of formaldehyde such as urotropin or helmitol may, with profit, be used alternately with one or two of the above drugs.

The local treatment that has apparently produced the best results is that known as the Guyon treatment. This consists of the instillation into the bladder, about twice a week, of 30 to 40 drops of a solution of bichloride of mercury varying in strength from 1 in 10,000 to 1 in 500. In addition to this treatment Garceau reports improvement by cauterizing the ulcers with nitrate of silver. This can be done in women when impossible in men. In extreme suffering he has performed vaginal cystotomy with marked relief to the patient and in some instances with great improvement. Suprapubic cystotomy may be necessary in rare or extreme cases in men. When the bladder has been infected from the testicle, removal of that organ is indicated, as better results may then be expected from local and internal treatment.

Much is now being written of the great importance of the early diagnosis of pulmonary tuberculosis. The early recognition of renal tuberculosis is of equal if not greater importance, for surgical intervention gives undoubtedly better results than can be obtained from the treatment of pulmonary phthisis in the first stage.

THE highest compact we can make with our fellow is,—Let there be truth between us two forevermore....It is sublime to feel and say of another, I need never meet, or speak, or write to him; we need not reinforce ourselves or send tokens of remembrance; I rely on him as on myself; if he did this or thus, I know it was right.

R. W. Emerson

EXPERIENCE WITH THE NEW ANESTHESIA

This paper, which was read before the Christian County Medical Society, is a record of several interesting obstetrical and other cases in which H-M-C was employed

J. J. CONNOR, M. D., Pana, Illinois

THE following paper is a recital, somewhat in detail, of experiences with the new anesthetic, hyoscine-morphine-cactin, which has been prominently mentioned for about two years in the medical press of this and other countries, sometimes with loud laudations and at others with unstinted denunciation. It is hoped that a discussion of the matter will be the means of arriving at the truth. All such questions must be settled at last, if settled at all, by the bourgeois of the medical profession, and not by the "big ones" in high places. I hope that the members will feel free to speak their honest, unbiased opinions. If you may see where I made a mistake, why, say so; if you see your way to commend a brother practician in an arduous task where he tried to do his duty, be magnanimous and speak out.

I think it is only in discussion that we shall be able to settle these questions that are pressing for judgment. Doctor A. has ideas, thoughts, feelings and prejudices concerning questions pertaining to the practice of medicine. These ideas, thoughts, feelings and prejudices, exercise, occupy, interest, please and pain his own mind. Drs. B, C, D and the rest of the alphabet each have similar experiences. If all of these are brought together in one place, each becomes possessed of all and finds his intellectual wealth multiplied accordingly.

In the first place, therefore, it is wholly immaterial what the contributions are. Let them all be brought in. Let them be heaped up. Let them be spread out. Here we have wealth. Later comes the assorting.

In the Divine economy there are not only place and use but equal place and use for every fact and every object, for every experience, fancy and judgment of all.

Labor Case under Hyoscine, Morphine and Cactin

Mrs. T., primipara, aged 23, American, nervous temperament, captain in the Salvation Army, menstruated last either on the last day of August or the first of September, 1906. In February had an attack of the grippe, which lasted several weeks. She is said to have been quite patient and good-natured during her gestation and thought she had regained fairly well her accustomed health.

The patient counted on being confined June 12, but on the night of Thursday, the 6th, she was disturbed by the characteristic labor-pains and Friday morning called in a midwife, who told her that the babe was lying very high and that she was not quite ready for her confinement. She was dissatisfied with the midwife and wishing to be taken care of by a lady physician, she had her husband call upon a lady homeopath, who gave him some medicine for his wife and declined to take the case, as she did not attend obstetric cases, and referred the husband to me.

I was consulted by the husband about 9 o'clock on Friday morning, and I advised him from what he related to me that he had better follow the advice of the lady homeopath till he was sure that real labor pains were on and then call me in to see his wife. This he agreed to do. I requested him to let me know by 1 or 2 o'clock as to how his wife was getting along, and at this time I was told by 'phone that his wife was in essentially the same condition. I advised

him to continue and let me know later. I was requested to see the patient at 6:30 and found on my arrival that no real preparation had been made for labor. The vagina was dry and hot and the fetal head was high up out of reach. The rectum was full of scybala but the bladder had been frequently emptied. Careful external examination failed to elicit any movements of the fetus, and on inquiry I was told that the fetus had not been much of a kicker at any time during gestation and for a few days it had been felt scarcely at all. The bowels were ordered cleared with a large dose of castor oil and at 11 p. m. she was to be given a teaspoonful of a chloral and sodium bromide mixture to insure sleep. The bowels acted well from the oil but the patient got no sleep during the night. Examination revealed the vagina in good condition and there had been enough dilation of the os uteri to admit one finger into the cervix.

The patient aside from being tired and peevish was in fairly good condition, and dilation went slowly on till 5:25 p. m., when the cervix was capable of admitting more than two fingers. As pains were very harassing I determined to use the H-M-C anesthetic.

The H-M-C Combination Used

I injected one-half of the ordinary-sized tablet into the left arm. The patient soon became quiet and between pains would lightly sleep. The pains came on regularly but I thought they were somewhat less powerful than before the injection of the anesthetic. At 5:50, or twenty-five minutes after the first injection, I administered the other half of the tablet. This tablet is equivalent to 1-4 grain of morphine hydrobromide, 1-100 grain of hyoscine hydrobromide, and 1-67 grain of cactin. From now on till labor was completed the patient slept soundly between pains. When the pains came on she became quite talkative, but in a delirious manner, muttering unintelligibly and rolling from one side of the bed to the other; she seemed to awake and would answer quite intelligently questions put to her, and do as she was bid for the instant, and again relapse into a snoring slumber.

The pains, I thought, were less efficient than if the H-M-C had not been administered. At 7:30 p. m. I thought that possibly enough of the anesthetic had not been given to control her as it ought and I gave a full tablet, lacking a little of the solution which was spilled and a small amount not emptied from the syringe, so that she got, I suppose, about one-fifth less than the full amount. This did not control as I desired or expected, for the delirium increased as the labor progressed. The head did not come down into the pelvis, although I had ruptured the membranes, the cervix being widely dilated. The pains were quite ineffectual and I told the husband and nurse that I should try to put on the forceps between pains and deliver her at once. I applied the short forceps at 8:07 p. m., and at 8:12 after some delay with the shoulders the delivery was completed.

The babe was still-born, but was resuscitated by artificial respiration, and by mouth-to-mouth inflation of the lungs, a cloth being interposed between the babe's mouth and my own. It was quite feeble. It was also put into a pan of warm water and the Sylvester method of respiration kept up for some time. It was finally put away breathing well, and the mother taken care of.

The Post-Delivery History of the Mother

The placenta was removed, the vulva inspected for tears, and the bed and woman's clothes changed, and I left in an hour, the mother still soundly sleeping naturally. A good-sized dose of fluid extract of ergot was given on the completion of the delivery of the placenta and a large bandage applied.

On the 9th at 12:10 p. m. I found the patient up, out of bed and sitting on the commode, emptying the bladder of a large amount of normal-looking urine. I was told that the mother slept till near 11 p. m. following the birth of child, when she was awakened by the crying of the infant. She looked around the bed for the infant, I was informed, but did not find it at once, the babe having ceased to cry for awhile;

she was again awakened by the crying of the babe and located it. She said that she had no knowledge of the delivery or of anything else that had been done to her after the second injection. I think that I never saw a patient in better condition after her confinement than this one was. The babe was in good condition but had not nursed well.

At 2 p. m. I was hurriedly summoned to see the babe, as I was informed that the nurse and parents thought it was dying. I found the babe blue and breathing at the rate of sixty per minute. Minute doses of the dosimetric trinity were administered to babe, besides some whisky. It was soon revived. Careful examination revealed the fact that only a small portion of the lungs were being filled with air, and this portion was the upper anterior portion of the chest. A detailed examination of the babe's head failed to reveal any marks of the forceps. The real cause of the atelectasis I am unable to determine.

Next morning: The babe did fairly well through the night but failed to nurse properly. It was fed artificially. Mother doing well. At 1 p. m. I was again summoned to see the babe, as it had another sinking spell, but when I arrived I found it revived. At 5:25 p. m. the babe was taken with another sinking spell and it was impossible to revive it.

Another Labor under H-M-C

Case 2. Mrs. W., a small brunette, had me called in on June 20, at 3:30 p. m., to take care of her in her tenth labor, one of which had been a twin confinement. She has had two miscarriages. She is 33 years old. I was told that the waters broke two weeks ago. She has had pains for two days. Has had diarrhea for a day or more, and complains of a dreadful headache. Temperature, 102.5° F.; pulse 116; is very restless and talkative; cries out with the pain in her head; grasps the head with the hands. She was given at once twenty drops of tincture of gelsemium and six of veratrum viride. She tells me that she had flooded constantly from May 1 to September 1. Menses were absent from the birth of the last child to May 1, a period of fifteen months. Vaginal examination reveals moist and very hot genitalia; the external os is only dilated sufficiently to admit the end of one finger and the cervix is most rigid, feels like a piece of car-wheel rubber spring, almost devoid of elasticity.

At. 4:30 p. m: The patient is delirious, but answers, in a manner, the questions put and tries to do as required, but is unable to command herself. Temperature, taken under the arm, 103° F., pulse 108; the tongue is moist and thick. She was given a large dose of an elixir of chloral, sodium bromide, henbane and cannabis indica. A very peculiar odor is observed issuing from the patient's body. Patient clamors for sleep and for something to stop the headache.

5:30 p. m. There is a slight dilation of the cervix. Vagina moist. Given two teaspoonfuls of the chloral-bromide elixir. 5:45 p. m. Passed urine. Vomited a large amount of very foul-smelling stuff. 8 p. m. Dilation going on well. It is now discovered that the placenta is partially covering the internal os. It can be felt readily and plainly on the left side of the os, reaching across for more than one inch. The pains are light but the head is descending. She is given ten grains of quinine. She is much more rational and quiet. She has urinated three times. 8:45 p. m. Is given another ten grains of quinine. 9:45 p. m. Has been quieter, has slept a little; temperature, 101° F. 10:05 p. m. Has had a good pain; os dilated almost enough to admit two fingers. Is fairly quiet. The bowels and kidneys have moved well. 10:05 p. m. Is sound asleep; snoring. 10:25 p. m. Has had one or two fairly good pains. Os dilating, will admit a little more than two fingers. I thought that dilation was now sufficiently advanced to justify the administration of the H-M-C anesthetic, so three-fifths of an ordinary tablet was injected into the right arm after it was cleaned off with alcohol.

June 21, 1:50 a. m. Patient has slept, there having been but one or two conscious

pains. Preparation has been going on in the way of relaxing the perineum and bringing down the head into the inlet. 2:22 a. m. Got out of bed and passed a large quantity of urine. 3:10 a. m. Up again, urinating; drank a large quantity of water. The eyes are complained of; she says they hurt her badly. 5:33 a. m. Up again to urinate. 6 a. m. Patient has been quite restless, getting up frequently to urinate. The pains are ineffectual, the head does not descend on account of the obstruction of the cervix by the overhanging placenta. It is decided to apply the forceps and the patient is placed across the bed in the regular manner, her feet supported by her husband and his mother.

The A. C. E. mixture is administered on a paper cone reinforced by some cotton and its handling intrusted to an experienced woman. On account of the insufficiently dilated os and the unyielding cervix I decided to introduce the small, short forceps, but it was found impossible to grasp the head with them, so the long (Davis) forceps were applied, but with the greatest difficulty, on account of the small size of the os and the height of the head and the interference caused by the overlying placenta. Finally the head was grasped by the forceps and I succeeded in locking them and began to make traction, but the head would not budge. I hooked on what is known as the "universal traction rods" and continued to pull, but without avail, the head, seemingly, was immovable. I ran out of the A. C. E. mixture and had a message sent by 'phone to Dr. Miller to come and bring chloroform.

A Difficult Instrumental Delivery

The traction rods were now removed, as I only wished to keep the patient comfortable till I should get help. I could not resist the temptation to pull yet another time and just as the doctor was answering the message the head began to descend and I had the request for him countermanded, and before the connections were again made I had delivered the head. The head came down but there was a very short neck and the cord was wound tightly around it so that the shoulders could not descend. I took my pocket knife and cut the cord in two but I was so afraid that hemorrhage would occur from the placenta that I thought I had better tie the cord, and not knowing which was the placental end of the cord I tied both ends. This occupied some time and the shoulders were very large and gave me much difficulty to deliver.

At last I succeeded in getting the index finger in the axilla of the child and strong traction being made I finally delivered an asphyxiated babe which could not be resuscitated. The placenta was delivered with a strong hand, making direct pressure over the womb; and two hypodermic syringes of ergone were injected into the hip of the patient, and also gr. 1-20 of strychnine. The woman was left in fairly good condition. Inspection revealed no tear in the perineum nor in the vulvar tissues but I was aware of making a rent in the cervix as I was trying to push it up over the occiput of the child. After the woman was bandaged and bed cleaned and clothes changed I took my departure well tired out.

At 4:20 p. m. Patient has rested fairly well through the day. The temperature is 103° F., pulse 108. She was given a bromide and chloral mixture to be administered sufficiently often to keep her quiet. The patient's temperature kept up for two or three days and gradually went down without doing much harm. The treatment was directed to control the temperature by eliminating the autointoxicating material by catharsis and the administration of echinacea angustifolia.

June 27. The patient is doing well. No fever; rational. Has had but slight lochial discharge. She is to take a strong purge containing elaterium and hyoscyamus.

June 28, 1:30 p. m. Pulse 84, temperature 96.7° F. The bowels have moved but once. The patient says she is hungry; is sitting up in bed. The face is clearing up. Another dose of elaterium and calomel is ordered. June 29 patient was discharged.

Case 3. Mr. M., American, age 50 years, machinist and blacksmith, came to my

office on the afternoon of August 13, 1907, with the end of the right index finger mashed off, having been injured by a sort of trip-hammer a few minutes before. The nail had been torn off and the end of the bone was protruding through the tissues, which were badly ground, for about one-third of an inch, being bare of periosteum; bleeding was slight. The left arm was cleaned with water and alcohol and one-half a tablet of the H-M-C anesthetic was injected. The hand and injured finger were cleaned with hot water and soap, the instruments being boiled in the meantime. A medium-heavy rubber band was wound around the base of the injured finger and a Schleich local anesthetic tablet injected into the injured finger.

An interval of about one-half hour intervened and I began the amputation by incising the finger on either side and dissected back the soft tissues for the flaps. The end of the bone was snipped off with the bone forceps and the flaps trimmed and sewed. During this whole time the patient sat upon a stool at the table and watched the operation and conversed about the progress of the work. I asked him if he were dizzy, and he replied, No, that it made him feel as if he had taken some beer. The patient said he felt no pain. When he was helped off of the stool I asked him if he were dizzy and if he could walk steadily. He replied, "I can walk a crack in the floor." He slept soundly during the night as if nothing had happened to him.

In Regard to the Asphyxiated Babes

It may be that I gave the first mother too much of the anesthetic and that its condition was due to that alone, or at least partially due to it. But when we consider that the babe during the whole of its intra-uterine life was not vigorous and for the last part of it it had not shown much life; taking into consideration, also, the fact (which I neglected to state) that the mother in February had had a severe attack of grippe and had not yet entirely recovered from it, I feel that the H-M-C was not responsible for its death, especially when we find it living for forty-eight hours, and also when we remember that it cried vigorously enough to wake its mother from a sound sleep. I consider that it may be that the forceps *may* have had something to do with its bad respiration, although we are told by the American Text-Book of Obstetrics, "The majority of those who have investigated the cause of this difficulty [atelectasis] believe that it is due to a natural weakness of the infant or to some debilitated condition of the mother, premature birth, etc., rendering the respiratory organs too feeble to elevate the thorax during respiration. Asphyxia and pressure on the brain from any cause, producing paralysis of the respiratory center, is also considered a cause."

Fracture of the Left Thigh

Case 4. July 18, at 9:30 a. m., J. C., a lad 11 years old, fell to the ground while swinging in a neighbor's yard. I saw him in thirty minutes after the accident. He was lying on a wire cot in the yard of his parents with the characteristic eversion of the feet and a slight flexion of the knee. He would not allow anyone to touch the limb without crying out with pain or dread of it. He protested violently against me handling his limb. The middle of the thigh was bulged as though the two ends of the femur had been slid over each other. It was agreed that he should be taken to the hospital, as the County Medical Society were to have a clinic there at 10 a. m.

I injected three-tenths of an ordinary H-M-C tablet and the little fellow soon got easy and allowed me to put on a temporary splint while he should be in transit to the hospital. This was done. A long splint extemporized for the purpose and well padded was put on, running along the body from axilla to the foot. This temporary dressing was put on while the little fellow was lightly sleeping and he complained hardly at all during the time. He was transported to the hospital and Dr. John Young Brown of St. Louis was asked to demonstrate the fact as to whether or not the limb was broken. The temporary

dressing was removed by the doctor and he pronounced the thigh broken at the junction of the middle and upper thirds. Crepitation was heard and felt by me at this time. Dr. Brown advised the same sort of dressing applied, and it was so done by me. The patient never cried, "outch," once while this was being done; only said once, "Don't lift my leg so high." He partially slept during the whole time. After the dressing was over he talked, as he also did when aroused during the setting of the limb, and expressed himself as being hungry. He was taken back to his home and was easy and quiet for ten or twelve hours afterward. The members of the society who saw this demonstration were well pleased by the action of the anesthetic, none of them having ever used it.

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[In the first case it was a mistake to administer the last dose of the anesthetic only a few minutes before the birth of the child. Here it would have been better to give a little whiff of chloroform, probably ten drops would have sufficed to give the mother relief. Nevertheless, we see no distinct evidence that any harm resulted to the child. The history shows that its vitality had been feeble previous to birth, it was with difficulty resuscitated, the lungs were in a condition of atelectasis and this was the cause of the child's death. Surely with a respiration of sixty per minute the mortality could hardly be attributed to the H-M-C. If artifical respiration, carried on as effectually as the doctor said, failed to dilate the lungs, it is evident that there was previous to the child's birth an exudative condition, by which the surfaces of the air-cells and the bronchioles had become glued together so that the lung was practically inpervious. As this condition antedated the birth, it is evident that the H-M-C had nothing to do with it.

The second case is an exceedingly interesting example of the emergencies that are met and coped with by the busy American doctor. It can hardly be adduced as an example of the H-M-C anesthesia, as the very small dose given was simply incidental, and had little to do with the progress of the case. The child died from the effects of suffocation from the cord around its neck. The writer had several cases of this sort in his practice long before the H-M-C was devised, and sometimes he succeeded in saving the child's life by a quick delivery. Dr. Connor is to be congratulated on his management of the case and his success in saving his lady patient. With the temperature of 103°F. previous to delivery, evidently, as he says, autotoxemic, the chances were not very favorable.

We wish to take advantage of these cases to emphasize, as we already have so many times, the importance of avoiding overdosing in obstetric cases. The half-dose tablet is sufficient in the great majority of cases and this alone should be used until the physician has acquired perfect familiarity with the H-M-C. This tablet should be given as soon as the pains become severe and it may be repeated in an hour and again in another hour if the labor is prolonged. When the physician has acquired some familiarity with the combination he will naturally and properly prefer the full tablet—provided it can be given very early. *Under no circumstance should the anesthetic be given when the mother is about to be delivered.* It is when the remedy is administered very late that narcotization of the child—the few cases that have been reported—has occurred.

The third case requires little comment. Undoubtedly, Dr. Connor had his reasons for not administering an entire tablet to this patient; had this been permissible, however, it is probable that the local anesthetic would not have been required. This, however, is not a criticism. There is no earthly reason why he should not use a single tablet of the H-M-C and a local anesthetic if he saw fit, and really I think this is better practice than to use chloroform to follow the H-M-C. In fact, the combination used by Dr. Connor impresses us as being extremely sensible. One thing more: We wish to warn against giving the H-M-C to any one, without securing and *keeping* the utmost quiet. The patient should be encouraged to go to sleep, the room darkened and kept very still.

Altogether this entire paper impresses us as an excellent example of the good work done by the American doctor. He takes what is given to him and uses it, but he does this in his own way and with his own modifications; and this is infinitely better than blindly following in the footsteps of a master. We congratulate Dr. Connor for the fairness with which he considers this matter. It is exactly this sort of reports we want to have, from men who are first and last anxious to know the truth of the matter, and not to praise unduly or denounce from constitutional conservatism, without due consideration or trial. This is the best kind of help.—Ed.]

SOME CAUSES OF POSTPARTUM HEMORRHAGE

Last month placenta praevia was discussed. In this article we take up other conditions, less common, which may be the cause of hemorrhage during or after childbirth

By P. H. McMAHON, M. D., Burlington, Vermont

II.

CONTINUING our study of the causes of postpartum hemorrhage we will next consider

Inversion of the Uterus

This accident is a very rare occurrence —according to the figures of the Rotunda Hospital, 1 in 190,000 labors. More recent observers assign to it a somewhat greater frequency.

Inversion usually occurs immediately after the birth of the child. Its proportional frequency seems to be about the same in primiparæ and multiparæ. The inversion may vary in degree from a slight indentation to an introversion or depression of the whole fundus, or it may go on to a complete turning of the uterus inside out.

The symptoms are those of hemorrhage and shock. The bleeding may be slight if the inverted portion is strongly compressed by the circular fibers of the os. The diagnosis is usually easy, a depression being felt in the normally rounded shape of the fundus, and the placenta with the roughened body of the uterus in the vagina. The finger can not be passed up into the cervix. The projecting fundus may or may not still have the placenta attached to it.

It was formerly stated that the cause of this accident was always due to mismanagement of the placenta, usually by traction on the cord. Doubtless this has been true in some of the cases, but certainly by no means in all. The same can be said in regard to a cord abnormally short, either naturally or because of its being wound around the child's neck. A short cord is far more likely to be ruptured, or to detach the placenta than to invest the uterus.

The cause has also been assigned to uterine inertia, with slow, tedious delivery. and on the other hand, short, stormy and precipitate labors predispose to this accident. The latter is the type of case that occurred in my practice and which I will now report.

A Case of Uterine Inversion

On November 18, 1906, I was called to attend Mrs. B., age 29. Third confinement; previous labors were normal. The labor progressed nicely and naturally until the membranes ruptured. She was then taken with a very powerful and prolonged pain which seemed to increase in force until the child was born. The woman immediately complained of pain in the pelvis with tenesmus; said there was "something more to come." I felt for the uterus in the normal place, but is was not there; I then noticed a small part of the placenta protruding at the vulva. I realized at once that it was a case of inversion of the uterus. There was no hemorrhage to be seen, so

I concluded the placenta was still attached. I tied and cut the cord, and had the child removed. I quickly washed my hands in an antiseptic solution. By this time the hemorrhage was profuse. The placenta had begun to separate. I placed one hand above the pubes and with the other grasped the inverted fundus; made firm, steady pressure for several moments before I made any impression. The flow of blood was now terrific. I began to feel alarmed for my patient. Finally the uterus commenced to yield to the steady force I was applying and went back into its normal position quickly, after it started. The womb contracted well and the bleeding ceased. Upon examining the perineum I found it ruptured, requiring three stitches to repair it, which was done without anesthesia. The woman suffered some from loss of blood, but finally made a good recovery.

Premature Detachment of the Placenta

The symptoms of this alarming accident are sometimes obscure. It rarely occurs after the first stage of labor; it is more frequent before dilation begins. The blood may escape from the uterus and warn us of what is going on; or what is more dangerous, it may be retained, constituting the internal or concealed hemorrhage, the symptoms of which—anemia and shock—may go to the extent of actual collapse. The labor pains diminish and may cease. The most striking sign is the great prostration without any evident cause to account for it. If any of the blood escapes from the cervix, it serves to clear up the diagnosis. The prognosis in such cases is said to be better, not alone because we know with what we have to deal, but because the uterine walls are less flaccid than when the blood is pent in.

The prognosis is very bad both as regards mother and child.

The treatment must be directed to emptying and securing contraction of the uterus as soon as possible, as this affords the only chance of closing the bleeding vessels, as well as of saving the child from asphyxia. The procedure of dilation and delivery are practically the same as in placenta prævia, except the placenta is not in our way. The condition of the mother must not be neglected during and after the emptying of the uterus. Symptoms of shock must be met by the use of stimulants. Administer ergot, brandy, strychnine, atropine, etc., and hold the uterus by the hand, for hours if necessary, until permanent contraction is assured.

This accidental hemorrhage has occurred once in my experience of thirteen years' practice.

An Illustrative Case

On May 28, 1907, I was called to attend Mrs. V., age 26. Fifth confinement; previous labors had been normal, except the first, which was a breech case. When I arrived at the house she was having very good pains; complained that the contractions "hurt" her more at the fundus than ever before; upon examination found the cervix dilated about one inch, the head presenting in the L. O. A. position. The labor progressed naturally for about one hour when she complained of feeling dizzy, weak and blind by spells. There was no blood to be seen, so I thought the trouble due to "nervousness," but the symptoms gradually grew worse. I concluded there must be hemorrhage somewhere. I gave ergot and brandy by the mouth, strychnine and atropine hypodermically, and hastened dilation as rapidly as I could without anesthesia. This treatment stimulated contractions very much. Delivery was completed in two hours from the time she first showed symptoms of hemorrhage. The child was dead, the placenta being expelled with the child, also about two quarts of blood and liquor amnii; there were three quite firm blood-clots, each about the size of a man's fist.

The uterus failed to contract and the hemorrhage continued; ergot, strychnine and atropine were repeated. Patient was very thirsty; I allowed her to drink all the cold water she wanted. The foot of the bed was raised about ten inches; a large enema of normal saline solution was given. The hemorrhage still continued. I made

a compress of sterilized gauze as large as I could pass into the vagina, saturated it with a solution of adrenalin chloride, 1 in 10,000. This gauze I pressed up against the cervix and into the uterus a little with one hand, while with the other hand I grasped the fundus through the abdominal wall and pressed it down so that the uterus was held firmly between my hands. This procedure arrested the hemorrhage, but it would commence again at once if the pressure was relaxed. After holding the womb in this manner for three hours, contractions began to come on; after another hour the uterus was well contracted, the pulse good and I considered the woman out of danger. This patient had several unconscious spells, lasting from five to fifteen minutes each time; they ceased when the pulse began to come up. She recovered rapidly and was up around the house in two weeks.

I sincerely hope the reader may never meet with an appalling case of hemorrhage from any of these causes. If it should happen and this article should be the means of helping some struggling doctor to save the life of even one poor woman, then the motives which impelled me to the task of writing it will have been gratified.

RENAL COLIC, INJURY, AND OBSTETRIC CASES

The record of a brief experience with the hyoscine, morphine and cactin combination, as used in a variety of conditions

By E. L. WASHBURN, M. D., East Berkshire, Vermont

CASE 1. Male, aged 59, with history of several previous renal attacks. I was called on July 1, 1907. I found the patient suffering intensely and he told me morphine would do him no good, as it never did, so he supposed he would be obliged to stand it. In fact I had prescribed for him during one attack some two years previous. I gave the patient one full-sized tablet, containing morphine hydrobromide, 1-4 grain, hyoscine hydrobromide, 1-100 grain, and cactin, 1-67 grain; this was at about 1 p. m. In about twenty minutes he was sound asleep and quiet. I saw the patient at 8 p. m., when he roused up, surprised at the time for he thought he had been asleep but a few minutes. He was having some pain, so I gave him one half-strength tablet, and in fifteen minutes he was asleep and did not awake until the next morning, free from pain, no nausea, and feeling very well, save for some soreness in the region of the right ureter. His respiration was not affected and pulse remained full and strong all the time.

Three weeks later he had another attack; this time I gave a half-strength tablet and in a very short time he was asleep and quiet. I left then and returned in two hours; he had just awakened and was in hard pain. I gave another one-half tablet and in fifteen minutes he was asleep again and did not awake until morning; respiration and pulse remained normal during both of these attacks. There has been a good deal of vomiting but he did not vomit once after the first injection and said he thought that it was a great thing.

Case 2. Male, age 28, a section man on the railroad, was hit by the corner of an adze on the inner side of the right ankle, making a very painful wound. He walked quite a distance and when he reached home was in terrible pain. It had been dressed by another physician. He asked me to give him something to ease the pain. I gave half of a full-sized H-M-C tablet and waited thirty minutes but it did not ease the pain very much, so I gave him another one-half tablet, and twenty minutes later he was asleep

and did not awaken until the next morning, after ten hours. I saw the patient two hours after the last injection and he was sleeping soundly and respiration and pulse were perfectly normal. At 10 p. m. friends tried to rouse him to get him to bed but could not. He said the next morning he had the best night's sleep he had had for a long time.

Cases 3 and 4. First, multipara, age 37, with slow and tedious labor. The patient was very nervous and complaining bitterly. I gave two-thirds of a full-strength tablet some little time before the end of the first stage. The patient very soon was more quiet, but the pains came about as frequently as before but with less suffering, and by the end of the first stage the patient would drop to sleep between pains and arouse on their return. Every time she progressed well without any evidence of retarding labor, or having any effect on the infant.

In another obstetrical case, multipara, age 32, one full-size tablet was given at about the end of the first stage of labor. There was no retarding effect noticeable nor any trouble with the infant, which came along about two hours afterward. This patient had an operation for repair of the cervix and perineum following a previous confinement, so was very nervous about this ordeal, but she did very well with but very little injury.

I have used this remedy in but few cases, all being normal ones, but can safely say that I have not seen any bad effect to mother or child.

ROUND-CELLED SARCOMA

The report of two cases, the second being treated with Coley's fluid, and later with injections of nuclein and condurangin; the conclusions of the author concerning the value of these remedies

By R. A. BLACK, M. D., Burnham, Maine

I HAVE been treating this year two cases of sarcoma, which makes me think the disease is not so rare as it might well be. I cannot say anything about the etiology except that the first case followed upon a kick by a horse in the groin, though the patient's family are said to have nearly all died of some sort of "tumor;" the second case followed upon irritation of a small growth in the cheek and undoubtedly was a malignant change.

The first case was a male, age 58, farmer, of temperate habits, poor in worldly goods. Was operated upon at hospital; large mass removed from groin, which returned after about six months, and after undergoing the horrors of ulceration, hemorrhage and pain, the man died. I did nothing beyond making the patient comfortable in this case, which I have since regretted, because since I treated the last case I should certainly have tried to cure the patient by medical measures.

The second case was a male, age 60, light complexion, nervous temperament, under weight but fairly well nourished, who four years previously had removed from his left cheek a small tumor which was said to be carcinoma—a clinical diagnosis, however. Two years later another nodule appeared in same place which Dr. B. P. Hurd of Thorndike, Me., and myself removed. This operation was successful, as the growth never returned on that side. About six months later a small ulcer appeared on the nasal septum on the opposite side of the head: a granulating area which grew better and worse by turns and finally involved the turbinated bones of that side, and after a time became very painful. We were in doubt about the diagnosis, as we probed the antrum and washed out considerable pus. I finally took the patient to Dr. J. B. Woods, of Bangor, who removed the inferior turbinate of the same side; tumor was examined micro-

scopically and found to be a round-celled sarcoma. The patient was relieved to find he could breathe through the nose again and was encouraged. During July, 1906, Dr. Hurd and I began to use Coley's fluid (toxins of bacillus prodigiosus and streptococcus erysipelatis) beginning with one-minim injection in a gland involved in front of ear. We injected every other day, increasing the dose each time enough to produce a chill and rise of temperature. After the third injection, which produced a decided reaction, all pain, or practically all, disappeared, and the patient could sleep comfortably; his appetite improved and the tumor seemed to be disappearing. This continued for about three weeks. He then began to grow worse fast and finally, at the patient's request, the injections were discontinued as they seemed to make him much worse each time.

We now tried injections of nuclein and condurangin into or near the involved tissue, using 30 minims of nuclein and one tablet (gr. 1-67) of condurangin at each injection once daily, with condurangin internally. After the first injection the patient "felt different somehow," he said, and the pain was relieved. It might have been "suggestion" which produced the beneficial effect but we told the patient we didn't know how it would act—"were just trying it." But after a few days he complained that he experienced too much pain during and after the injections so that we discontinued all treatment of that character as being manifestly of no use. The patient died several days later from involvement of glands in the mediastinum. We used such other treatment, of course, as seemed indicated.

From the foregoing I am inclined to believe that Coley's fluid ought to be given to all inoperable cases of sarcoma, and in my own case it was certainly of much benefit though of course it did not cure.

::: SURGICAL THERAPEUTICS :::

LUNG COMPLICATIONS AFTER ABDOMINAL SECTION

Septic pneumonia may follow any operation for abscess of any part of the abdominal cavity; but the larger proportion of pulmonary complications occurs after operations above the umbilicus rather than after those in the lower half of the abdomen. Postoperative pneumonia has an average mortality of 65 percent. In about a quarter of the cases the pneumonia is due to aspiration from ether-anesthesia. Carcinomatous cachexia affords an unmistakable predisposition to lung complications. Pneumonia is observed rarely after operations on the gall-bladder, while it occurs in about 35 percent of the gastrostomies on account of cancer, and in 6 percent of resection of the stomach. Appendicitis and complicating peritonitis are responsible for most of the cases of pneumonia; aspiration during the anesthesia is the usual cause, a tendency to thrombosis and embolism of the lungs being comparatively rare.

SURGERY OF THE LUNG

The surgery of the lung is yet in its infancy. Much is to be expected in the future, when technic has been perfected. At present surgical treatment is confined practically to bronchiectasis, gangrene and localized abscesses. What has thus far been accomplished? Garre has collected statistics thus: Of 400 cases of lung abscesses, gangrene and bronchiectasis, 300 were reported as "cured" by the pneumotomy. The mortality of the operation was 25 percent. In how many of these cases "cure" was permanent is impossible to say from the literature. Garre's own experience leads him to believe that in the *acute* cases (gangrene and acute abscesses) one may practically

always expect permanent cure. The prognosis is less favorable for gangrene than for abscess. For bronchiectasis the reported percentage of cures he found to be 60 percent; but these "cures" were not always definite. Of 47 cases of lung tuberculosis, surgically treated, 26 showed marked improvement or "stillstand" of the tuberculous process. In actinomycosis the prognosis is decidedly bad, but there are four cases in the literature reported as cured.

LID ABSCESSES

Abscesses of the lids do not differ materially from foci of suppuration elsewhere in their causes and the peculiar treatment necessitated by the proximity of the delicate conjunctiva. They occur much more frequently in children than in adults, and are due to either trauma or to some illness of pus-producing germ: grippe, scarlet-fever, etc., the worst being those due to infection with streptococci; when such is the cause, the child weakens, a gangrenous condition may arise. As soon as noted, hot compresses may be applied, calcium sulphide given internally, and efforts made to strengthen the patient as much as possible; forced feeding and tonic remedies. As soon as it is seen that pus is sure to form the abscess must be opened by free incision and kept clean by frequent bathing in mild antiseptic solutions like the liquor antisepticus alkalinus of the U. S. P.

LUMBAGO-MYALGIA: MUSCULAR STRAIN

Frequently in a socalled lumbago the trouble is a strain of the muscles of the back and loins and not of neuralgic character at all. The injection of half a gram (8 grains) of antipyrin into the muscles at the most painful spot will give instant and permanent relief; even the injection of pure water does good in some cases. Ironing the back with a hot "flat-iron" will cure other cases, as will also deep massage of the affected muscles. Following either, a belladonna plaster should be applied, as it cheers the patient's mind and eases his back. If persistent a blister may be applied. It should always be borne in mind that a great many backaches depend upon an overloaded colon and that a good saline laxative will afford much more prompt relief than any other treatment.

MAC EWEN'S CHROMIC CATGUT

The MacEwen method of preparing catgut is: To one ounce of water and glycerin add 12 grains of chromic-acid crystals. Immerse the catgut, carefully washed, in ether for twenty-four hours to remove surplus fat, and then soak for ten days in the chromic solution. For preservation MacEwen uses 5-percent phenol solution, but most surgeons now prefer alcohol (65-percent).

CHILBLAINS

A good application to chilblains is tincture of chloride of iron, full strength, at bedtime. Perhaps a better treatment is to bathe the feet in hot water with a tablespoonful of table salt added to each quart; dry carefully and rub in this ointment:

Menthol	1.0 (grs. 15)
Ichthyol	4.0 (dr. i)
Vaseline	32.0 (oz. 1)

In the morning a simple foot-bath with soap and water should be taken. In three or four days the trouble should entirely disappear instead of being a source of annoyance all winter.

TUBERCULOSIS OF THE JOINTS

Tuberculosis may begin in either the synovial membrane or the bony structures contiguous to the joint. Immobilization and perfect rest sometimes effect a cure. When recognized early (it is too often mistaken for rheumatism) injection of the affected joint with 10-percent iodoform emulsion will more often cure. The iodoform must be fresh; the glycerin sterilized by boiling. The glass mortar and pestle are boiled twenty minutes. Then one part iodoform (as one ounce) is triturated in 10

parts of the glycerin and the emulsion poured into a sterilized bottle and kept tightly corked; or better put in a fruit-jar which can be closed perfectly. At the time of the injection the skin is to be sterilized and the syringe boiled. About one ounce of the emulsion (well shaken) may be thrown into a large joint like the ankle or elbow. Some fever may result, during which the joint is to be kept quiet. After it subsides, together with the immediate soreness, the joint may be used moderately. The injection may be repeated in three or four weeks and the joint put in plaster-of-paris for three weeks. If the iodoform treatment, and surgical rest do not cure in a few months operative treatment is usually advisable except in Pott's disease and sometimes in tuberculosis of the hip-joint.

Internally the treatment is essentially tonic and supportive—practically the same as for any other form of tuberculosis.

GYNECOLOGICAL THERAPEUTICS

OVARIAN NEURALGIA

Under the term "ovaritis" many authors describe symptoms which are of pure nervous origin; ovaritis is very rare save as a complication of gonorrheal salpingitis. For the pain described by the patient as ovarian, hyoscine hydrobromide may be given hypodermically; but morphine should be avoided unless the pain is excruciating. A very minute dose of apomorphine is excellent for hysterical patients. Cleaning out the colon is imperative; much of the pain in the left ovarian region is due simply to an overloaded sigmoid and rectum, saline laxative being especially beneficial in such cases. To prevent recurrence tablets of phytolaccin and of strychnine should be given three times daily, three centigrams (half a grain) of the former and two milligrams (one-thirtieth grain) of the latter at each meal; with a laxative pill at bedtime. Prescribe an outdoor life if possible.

AMYL NITRITE AT THE MENOPAUSE

At the menopause there is a group of symptoms very annoying to the woman affected, and very aggravating to the doctor who does not know how to prescribe. The patient seeks relief for flushing of the face; a sensation of intense heat about the face and neck; palpitation of the heart; spells of weakness or prostration so great she is frequently compelled to sit or even lie down; the flushings, etc., followed by free perspiration. With these there is more or less pronounced anemia, mental depression (sometimes amounting to almost melancholia) and broken slumber. For the general "run-down" condition tincture chloride of iron and generous diet should be ordered. For relief of the immediate distress amyl nitrite may be depended on in most cases; it relaxes the whole arterial system, greatly reducing arterial pressure. One-half to three minims may be taken either by inhalation (by breaking glass beads containing the drug) or by the stomach (dissolved in alcohol—five drops to the dram) the solution being dropped on sugar. In some cases no more than a tenth of a drop causes bad feelings; in which the drug must be discontinued.

TO CHECK THE FLOW OF MILK

When the mother is not to raise her child upon the breast control of the flow of milk becomes a serious problem sometimes. If the breasts be bound tightly by a bandage extending from three or four inches below the mammæ to the clavicle and the pressure be continued firmly and evenly for several days the flow will be prevented in some and greatly diminished in others. If milk forms abundantly, some of it must be drawn off with a breast-pump. Equal parts of tincture of belladonna and tincture of camphor

should be rubbed into the skin over each breast twice daily (at the time when the milk is taken) and the pressure resumed. If this be done before the breasts become "caked" they soon are found to be soft, painless and free from secretion. But often an acute inflammation (mastitis) arises: the breasts are found hard and knotty, the skin red, shiny and terribly tender, the patient has much pain and a temperature of 99.5° or 100°F. In such cases equal parts of unguentum belladonnæ and of lanolin may be mixed together and rubbed over the areola and skin, with kaolin-glycerin over all. Abscess may very often be thus prevented.

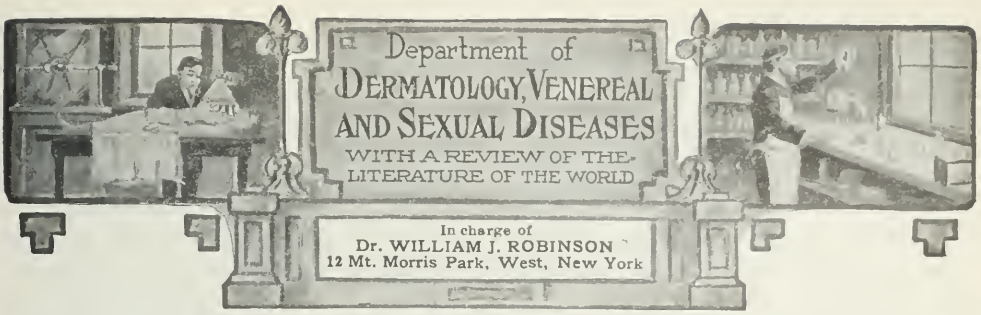
AFTER-TREATMENT OF PELVIC ABSCESS

When the abscess is drained through the vagina the packing must not be disturbed until at least two days have passed, and usually it is best to leave removal until the third day. Then the gauze is carefully removed and the cavity irrigated with a saturated solution of boric acid. It is useless to try to repack the abscess; all that can be done is to push a few strands of gauze through the vaginal cut and then loosely tampon the vagina. This drain may be removed and renewed every other day. As the cavity contracts and fills with granulations, less and less gauze must be used, care being taken not to injure the granulations by too much pressure. Generally in about ten days vaginal douching twice daily will be all that is necessary.

When drainage is made by packing the pelvis through the suprapubic incision the outside dressings must be changed as often as they become saturated, but the gauze next to the wound must not be disturbed until the end of forty-eight hours, or even the end of the third day when there is continuation of discharge; then the gauze is carefully withdrawn by catching each strip separately with hemostatic forceps or dressing forceps, chloroform sometimes being necessary if the patient be very nervous. If the cavity is large, or the whole pelvis involved, a little gauze (two or three strips) must be pushed to the bottom and other strips inserted until the cavity is loosely filled; but if it be small, only one long strip may be needed. This drain must be removed in two or three days, when there will be a large amount of pus; this is to be cleaned out by gentle mopping with pieces of gauze on dressing forceps or hemostats, and new packing inserted. Very bad cases require cleaning out daily, shreds of dead tissue being cut away with scissors; but after granulation is progressing well the less the wound is disturbed the quicker it will heal. Therefore no irrigation, no boiling out with peroxide, no violent attempts to clean the granulating surfaces (which must not be made to bleed), just simple removal of the pus and a fresh gauze drain is advised. If provision be made for perfect drainage, nature will take care of the healing. If granulation is too slow some iodoform may be dusted in or iodoform gauze used for the drain; or balsam of Peru may be smeared on the gauze which is to go into the depths. The skin around the opening may be cleaned with bichloride solution (the patient's mind is made easy by this) or water, and if much irritated by the discharge may be covered with boric acid; but as any powder is liable to cake and irritate, it is best, generally, to depend entirely upon the sterile gauze dressings.

AFTER-PAINS

Some hours after delivery of a woman there occur numerous painful contractions of the uterus, commonly called "after-pains." These do not appear following the first confinement; but thereafter some women suffer intensely after each delivery. Five grains of quinine every two hours (four capsules), with ten of potassium bromide in simple elixir, will promptly check the trouble. Delivery conducted under even one dose of hyoscine-morphine-cactin anesthesia is singularly free from after-pains. During labors permitted to progress without anesthesia if one centigram (one-sixth grain) of caulophyllin be given every hour the after-pains will be reduced to the minimum.



INTRAMUSCULAR INJECTION OF MERCURY

The description of an improved vehicle which has been found of value in this method of treating syphilis

WHILE we are not zealous partisans of intramuscular injections of insoluble mercurial preparations in the treatment of syphilis, still there are cases in which the system must be brought under the treatment of mercury rapidly; in such cases the injections are invaluable, and it is then that we use them boldly and unhesitatingly. There is no preparation of an insoluble mercurial compound which could be termed ideal, for they are all accompanied by more or less pain.

Col. F. J. Lambkin who has had a large experience with intramuscular injections in the British army offers now an improved preparation which he claims is the best of all the preparations with which he is familiar. First of all, he substitutes palmitin for the previously used vehicles, such as vaseline oil, lanolin or glycerin, and besides he adds to the preparation a mixture of equal parts of absolute creosote and camphoric acid, which acts as a local anesthetic and abolishes the pain altogether. The advantages which palmitin has over all other known substances as vehicles for the suspension of mercury are as follows:

(1) It is non-irritant and non-toxic; (2) is not so easily oxidized as the other components of human fat; (3) being already a normal constituent of the human organism, easily saponified and soluble therein, it *does not* enter the circulation as a foreign body; (4) as a vehicle it makes a more homogeneous preparation for injection-purposes than any other; and (5) its melting point can be raised and lowered with the greatest facility.

It may here be stated that pure palmitin (which is the only preparation used) is a snowy white flocculent powder and great care is necessary to get it *pure*.

The abolition of pain after injections is of the very greatest, if not of vital, importance to syphilologists, not so much as regards metallic mercury (which never caused much), but in the case of calomel it is of prime interest.

Syphilologists the world over have long considered calomel to be the most potent salt of mercury in its power over syphilis in all its stages, its action in this respect being truly remarkable; it is more active and energetic than any other known salt of mercury, acting promptly when called upon in acute cases, while clearing up long-standing ones which may have resisted and baffled all other treatment. Nevertheless, in spite of all this, calomel has been limited to the treatment of only certain cases, and the idea of employing it in anything like a systematic manner has been more or less generally abandoned owing to one great drawback, namely, the intense pain which was liable to follow its use as an injection, this latter usually

coming on about the second or third day after injection and lasting with more or less severity for three or four days.

Col. Lambkin has seen many cases when this has been so intolerable that as the years went on he approached the giving of intramuscular injections of calomel with more or less dread and only employed them when absolutely obliged to from the nature of the case. However, since he began to use palmitin with the absolute creosote and camphor for an analgesic, he has been giving intramuscular injections of calomel with impunity. In fact, during the last few months at the Military Hospital, Rochester-row, he has to a certain extent modified his method of treating syphilis, for, whereas previously patients undergoing injection-treatment were put first on metallic mercury, more recently they are put on weekly injections of calomel at the first. This rapidly causes the disappearance of signs and symptoms, and then they are put on intramuscular injections of metallic mercury.

The following are the formulas for the two mercurial creams:

Formula No. 1

Mercury	10 parts
Absolute creosote and camphoric acid, aa. (creo-camph)	20 parts
Palmitin basis, to make	100 parts

Ten minims of this contains one grain of mercury

Formula No. 2

Calomel	5 parts
Absolute creosote and camphoric acid, aa. (creo-camph)	20 parts
Palmitin basis, to make	100 parts

Ten minims contains one-half grain of calomel. Melting point 37°C.

Creo-camph (otherwise camphorated creosote) is absolute creosote in combination with camphoric acid, the former being isolated from beechwood creosote by fractional distillation as methyl-catechol. Both the above preparations form creams of almost perfect consistence and homogeneity.

In summing up, the author states that in his opinion the substitution of palmitin, which is a soluble constituent of the organism, as a vehicle for the suspension of mercury in place of the insoluble substances hitherto in use, and the success which has followed the adoption of camphorated creosote as an analgesic, begins a new era in the treatment of syphilis by intramuscular injections of insoluble salts of mercury; for, in the first instance, one great objection to the treatment, i. e., the introduction of insoluble foreign bodies into the circulation, is done away with, and in the second, pain has been practically abolished even in the case of calomel. It is hardly necessary to point out what abolition of pain means to most patients, be it ever so slight, but in this case it means much more from the surgeon's point of view, in that it places at his disposal the best and most energetic mode of dealing with syphilis without let or hindrance, that is, the injection of calomel. It is certainly worthy of trial.

PRURITUS ANI

Is it a disease per se or merely a symptom?

In a paper read at the last meeting of the American Proctologic Society Dr. Louis J. Krouse stated that pruritus ani essentialis is a disease which is due, not to a local, but to a constitutional cause, and is caused by some trophic changes in the nerves supplying the parts.

He further stated concerning the various changes occurring in the skin of the anus and surrounding parts, namely, the hypertrophy, the loss of pliability, and the absence of pigment, can only be explained on the faulty nervous supply of the parts. He showed that an *increase* of pigment ought to accompany severe itching, and not a total disappearance, a similar process of absorption taking place in leucoderma.

All of the leading authorities acknowledge that the cause of the latter disease is to be found in the nervous system. We are therefore justified in assuming that pruritus

ani, at least in such cases, is a disease *per se* and not a symptom, as is assumed by many.

RECENT THERAPEUTIC ADVANCES IN THE TREATMENT OF GONORRHEA

Dr. Arnold Edwards, honorary assistant surgeon to the Manchester Lock Hospital, says (*Folia Therapeutica*, April, 1907) that he rarely uses the balsamic remedies in gonorrhea, for he considers that every case can be cured by local treatment alone, if it is properly carried out. Nevertheless he does not altogether deprecate their use, resorting to them principally because of their anodyne properties. Of the balsamic remedies he considers santyl the best, for, while possessing all the virtues of santal oil, it is entirely free from the drawbacks of the former, for santyl is a tasteless, practically odorless liquid, does not derange the gastrointestinal tract, cannot be recognized in the breath, and does not give rise to renal irritation or albuminuria.

The author prescribed santyl, which is chemically the salicylic ester of santalol, 30 minims every four hours, principally in cases of acute posterior urethritis accompanied by prostatitis, and he invariably found it a decidedly useful adjunct to the local treatment by intravesical irrigations, deep instillations and prostatic massage.

As to remedies for local injection, the author's experience leads him to favor protargol above all silver salts. The author is strongly opposed to the use of soluble bougies containing protargol or any medicament during the acute stages of gonorrhea because of the damage these bougies invariably inflict on the urethral mucosa, especially when applied by the patient himself. Moreover, the author is convinced that protargol in an oily medium cannot compare with a watery solution in its power of penetrating the superficial layers of the mucous membrane so essential in a successful combat with the deep-burrowing gonococcus.

At one time the author treated all cases of acute gonorrhea with intravesical irrigations of protargol, one fourth to one-percent strength. The results were frequently discouraging, for while the gonococci were destroyed, the remedy itself produced a profuse discharge not readily controlled. Now he proceeds differently. The patient himself is instructed to inject the protargol solution night and morning, retaining the fluid in the urethra for about thirty minutes on each occasion, while in the middle of the day he irrigates the whole urethra right through into the bladder with a copious solution of potassium permanganate of a strength varying from 1:10,000 to 1:6,000, and of a temperature of about 115°F. Although he has tried many other local remedies, the author says that this combination, together with the internal administration of santyl, has given him the best results in the acute stages of the disease. As soon as a microscopic examination shows the disappearance of gonococci, protargol is replaced by weak astringent injections, and silver nitrate in about the same proportion (1:10,000 to 1:6,000) is substituted for potassium permanganate in the irrigation fluid.

The author adds that in the treatment of acute posterior urethritis instillations of protargol did not compare in efficiency with silver nitrate, while in chronic urethral inflammation the drug has also proved useless in his hands.

THE EARLY TREATMENT OF SYPHILIS

Dr. Thalmann (*Muench. Med. Woch.*, March 26, 1907) is in favor of the very early treatment of syphilis. He believes this is the only rational treatment and if his observations and deductions are correct physicians who delay the treatment of syphilis until the secondary eruption has made its appearance are taking a great responsibility upon themselves. The author regards the secondary symptoms as most important, inasmuch as the effect of them is to so damage the tissue cells that they are easily affected during a later period. For this reason he considers it essential for successful treatment to employ

a local and general mercurial treatment as soon as the spirochaetes are found in the primary sore. He injects the bichloride of mercury under the sore, so that the spirochætes in this situation and between it and the glands may be destroyed. Since but few spirochætes are present at this stage, but little endotoxin will be set free, and therefore a high degree of immunity will not be achieved. In order to increase the artificial immunity, he prefers to carry this treatment out in interrupted stages.

He has treated 34 men in this way within about fourteen months, of whom 33 were subjected to local and general treatment and one to local treatment alone at first. In all the 33 cases the treatment was begun before the secondary eruption had shown itself. In 17 he carried out a local application of calomel, in 16 he injected bichloride of mercury once or twice underneath the sore and also applied calomel, and in all he employed inunction. In a few he carried out his nasal mercurial application.

In 7 cases he was only able to watch the course for six months, and in none of them did he see any secondary rash; 8 of the remaining 24 were watched for over six months (up to fifteen months) and did not have secondary eruptions. He discusses the 8 cases briefly, and lays great stress on the fact that in all his cases *Spirochæta pallida* was found before the treatment was begun. Although he realizes that it is extremely difficult to speak with certainty, he is inclined to regard the eight cases as cured, as no secondary eruption appeared after an early local and general treatment was carried out. Turning to the other cases, he finds that when secondary symptoms appear after the cases are treated in this way, the secondary signs differ in two respects from the usual secondary manifestations. In the first place, the eruption appears much earlier than usual, at times after six weeks, but never later than three months; and, secondly, the eruption is limited to much fewer and smaller areas than without treatment.

After discussing the early treatment in considerable detail, he concludes by stating that 30 percent of the cases which he treated in this way did not show any secondary symptoms after six months, and the remaining cases showed symptoms which were localized to one or at most a few foci.

CONGENITAL SYPHILIS

Dr. Walter B. Jennings, of New York, thus briefly outlines the treatment of congenital syphilis which he limits to one drug, mercury, as in the acquired form. The best method and the one that gives the most rapid effect is by inunctions. The author considers the dose important, and in order that one may know how much mercury is used, Dr. H. S. Bartholemew has suggested the following formula:

Ung. hydrargyri (50-percent).....oz. 1
Adipis.....oz. 1
M. et fiant chartæ No. 16.

Sig.: Rub into skin one paper night and morning.

Gray powder is internally given from one-half to a grain and a half twice a day. If this causes diarrhea, George F. Still (London) adds gr. 1-8 of Dover's powder. The ulcers may be treated with calomel powder alone or in combination with starch or bismuth.

For "snuffles," the writer has used bichloride (1 in 10,000) application on a cotton applicator, but has not as yet used it in a large-enough number of cases to draw any conclusions. Dr. H. Buschke (Berlin) suggests the bichloride of mercury baths for these cases, and considers them of especial value when ulcer and other erosions of the skin are present.

Dr. Jennings reaches the following conclusions:

1. Congenital syphilis is frequently seen and is a decidedly fatal disease if allowed to go without treatment.

2. If symptoms of this disease are not present at birth, they generally appear during the first month. (Second and third month being next-most frequent.)

3. Nasal catarrh, or snuffles, is one of the most frequent symptoms.

4. The joints in congenital syphilis are rarely affected in infants under one year of age, although syphilitic phalangitis (so-called dactylitis) is fairly common.

5. It is not safe to make a diagnosis of congenital syphilis from the glands alone.

6. Evidence is accumulating in favor of the spirochaeta discovered by Schaudinn as the real cause of syphilis.

ACQUIRED SYPHILIS IN AN INFANT WITH TRANSMISSION TO THE MOTHER

Dr. J. A. Nixon, of Bristol, England, reports the following case (*British Medical Journal*, Aug. 17, 1907). The infant was a girl, aged 12 months, who about six weeks previously developed a cutaneous eruption, for which her mother sought advice. The child was well formed, plump, had cut several teeth, and had not suffered from "snuffles," or any previous skin eruptions; but now the whole trunk, the face and and limbs were covered with a uniform yellow eruption, looking like wet "chamois leather," not raised nor scaly, but having a greasy, moist appearance, without exudation; the rash was patchy on the scalp, while on the limbs and face irregular areas of normal skin persisted; on the vulva and around the anus were numerous condylomata; the throat was red and sore.

There was a clear history that when she was about eight months old a single troublesome sore had developed on the lower lip towards the left side, which had slowly disappeared in a month or six weeks, leaving a scar which after three or four months was sufficiently obvious. Two months after the appearance of the sore came the rash which, at the end of another two months, was as described above.

So in itself the case seemed to be of rather later development than an ordinary congenital case of syphilis, but the mother provided the proof. She was a well-developed, robust young woman with two older children (aged eight and four years) quite healthy. She had had three miscarriages shortly after marriage, and none other since. Two months ago she attended the Bristol Royal Infirmary for a sore on the right breast, which apparently was not diagnosed, but aroused some interest and discussion. This healed in a few weeks, being dusted only with zinc oxide, and left a circular, superficial thin scar on the right side of the right nipple, corresponding, so it proved, with the position of the scar in the baby's lip when placed at the breast.

The mother had a faint brown macular eruption all over the trunk, a sore throat with characteristic exudate on the tonsils, and complained of nocturnal headache and bone pains.

There seemed no doubt that she, too, had acquired syphilis, and that the breast had been the site of the chancre, which was derived from a similar and earlier lesion on the child's lip.

TREATMENT OF GONORRHEA IN THE FEMALE

Dr. D. W. Roos gives the following outline for the treatment of this disease. The treatment of gonorrhea in the female, he says, should be directed to the prevention of extension of the process into the higher organs. Rest, both physical and sexual, should be required. Hot vaginal douches containing ten or fifteen grains of potassium permanganate to each quart, the patient being in the recumbent position, seem especially valuable. This with the daily placing of a cotton-wool tampon saturated with boroglyceride against the cervix and keeping the bowels open is about as active treatment as is desirable during the acute stage. Later, as the cervix becomes more patulous, the endometrium may be painted daily with a silver nitrate solution, or iodine. In this proceeding one should be especially careful to avoid forcing any of the virus farther on into the body of the uterus and perhaps into the tubes. Should vesical irritation arise the internal administration of alkaline diuretics with methylene-blue compound or the balsams is indicated. Vulvovaginal abscesses should be freely incised and the

interior painted with iodine or iodized phenol. The more serious complications of gonorrhea, such as pyosalpinx or other pelvic abscesses, will require laparotomy or vaginal section.

DIAPHORETICS IN SYPHILIS

Dr. Geo. R. Peterson reports (*Western Can. Med. Jour.*) a very severe case of syphilis in a patient who became infected by a cut on the lower lip while being shaved at a barber shop. The case was exceedingly obstinate. In the beginning the treatment consisted only of applications of black wash, while internally the patient was getting an emulsion of codliver oil and hypophosphites, a strong diet of fats and carbohydrates, etc. The subject of early medication with mercury was discussed, but the patient preferred that it be postponed until the appearance of the secondary eruption.

Active treatment was then begun by large doses of mercurial ointment being applied under the arms and inner surfaces of the thighs, the dose being regulated by the patient's susceptibility after beginning with one dram. The macular eruption soon began to fade, but the throat and mouth condition, in spite of the fact that he was getting as much mercury as he could stand, seemed stubborn to treatment, and although it would clear up for a time it would soon return. However, after about five months, he seemed to have gained control of the disease. The mercury was stopped, as it was thought safe to do so for a time, and he was given a course of tonic treatment of iron and potassium iodide. After a short course of this, about one month, he was again put on mercury, but seemed unable to tolerate large-enough doses to control the disease, which began to appear again in the throat and mouth, and a papular rash appeared on the skin, which later on was followed by a few pustules. He failed considerably. The mercury was persisted in, as well as the rigid treatment of his mouth, every precaution being taken not to overstep the safety-line of dosage. Tonics were given as well. By these and dietetic means his strength and the condition of his blood was kept up, but in spite of all he seemed to go from bad to worse. The inunctions were left off and gray powder was tried, with no better results. Two grains were given at first, but had to be cut down, owing to the tendency to salivation appearing. With this decrease in dosage the disease seemed to increase in virulence, and it was decided to try another method of treatment.

One of the local druggists was given the formula for Zittmann's decoction. He put up the recipe, which seemed a terrific dose, but the patient, discouraged with the mercury and disgusted with the scourge from which he was suffering, readily consented to undergo the treatment, and to his gratification long before the fifteen days were up, which finished the treatment, all signs of the disease were gone. True, he felt weak after it; but after a few days of good diet and rest from the treatment and ravages of the disease, he again became quite well. From then till now, about two years, there has not been a sign of the disease, but the scar on his chin and the wreck of a constitution the disease has left him. He is continually taking small doses of mercury interrupted by potassium iodide, tonics of iron, etc. According to some authorities, cases of extragenital syphilis seem to run a more severe course than cases infected in the ordinary way, and probably that accounts for the refractory nature of this case.

PUERPERAL INFECTION CAUSED BY GONOCOCCUS

The general impression prevails that practically the only cause of puerperal peritonitis is the streptococcus. True, this germ is the most important, both in severity and in frequency. But, as Dr. Ellice McDonald (*Post-Graduate*, October) says, puerperal infection is also caused by other germs, such as staphylococcus, gonococcus and pneumococcus.

Most investigations, however, have been wanting in bacteriological thoroughness, and

the gonococcus has therefore not been often found. The difficulty of cultivation of the organism has been the greatest hindrance to its isolation. Another frequent source of error is that the cultures have most commonly been made soon after the first exhibition of temperature and while the lochia contained much blood and few pus-cells. The gonococcus cannot readily be found in smears under these conditions, but is best discovered when numerous pus-cells exist and after the infection has advanced somewhat. It was also found, in a study of seventeen cases of gonococcus puerperal-infection, by Stone and the author, that the gonococcus was usually readily found in smears from the uterine lochia after the discharge has become purulent.

These cases showed that the gonococcus may be a cause of puerperal infection and may cause severe constitutional disturbance. These findings have been corroborated by Mayer in a study of six cases of such infection and by an investigation of Little into the bacteriology of the recently pregnant uterus. Little found the gonococcus in the lochia in 16 cases. There were ten cases with a temperature above 100°F.; six cases were in pure culture, two in mixed culture and two doubtful. There were three cases with a rise above 100.6°F.

From this it may be seen that gonococcus infection in the puerperium must not be disregarded. The first course of the infection is not usually acute; but the late manifestations are more dangerous and severe. The common cause of gonococcus infection in the puerperium does not, as a rule, show marked constitutional symptoms, but the danger of extension of the disease to the fallopian tubes is a very grave one. In nine of the seventeen cases such extension was believed to have taken place, as indicated by pain, abdominal rigidity and signs of a mild pelvic infection. In one case this extension was definitely proved by operation.

The disease may extend still further and cause general peritonitis, as is shown by a case reported by the author in which a diffuse peritonitis resulted from gonococcus infection in the puerperium. The organism was recovered from the peritoneum at autopsy.

The character of the lochia in gonococcus infection in the early part of the puerperium remains unchanged, but after the fifth day it becomes more and more purulent, until it is replaced by a purulent discharge. This discharge, resultant from the endometritis, usually persists for some weeks. During this time the gonococcus may be readily isolated.

An interesting fact in connection with this infection is the malnutrition and intestinal disturbances to which babies of infected mothers are subject. Of fourteen babies, three died, and the majority of the others lost weight. These facts in regard to the morbidity of the babies have been confirmed by Lobenstein in fifty cases.

PERSPIRATION OF THE FEET

In perspiration of the feet formaldehyde is not the best remedy to use. There is no question about its being effective, but it is claimed to destroy the sweat-glands and to harden the skin and make it more liable to cracks. Washing with permanganate of potassium solutions (5-percent) or painting with a 5-percent solution of salicylic acid in alcohol is just as effective and less disagreeable.

A GOOD CATHETER LUBRICANT

A good formula for a catheter lubricant has the following composition:

Oxycyanide of mercury	grs. 4
Glycerin	drs. 5
Tragacanth (best quality)	grs. 48
Distilled water	drs. 25

NONGONORRHEAL ARTHRITIS

It is a mistake to think, as so many do, that the most obstinate kind of urethritis is the one caused by the gonococcus. On the contrary, some cases of urethritis caused by other microorganisms are exceedingly refractory to treatment, for the ordinary antiseptics seem to have no effect on them.

You are therefore not justified in giving a favorable prognosis simply because you fail to discover the gonococci in the urethral discharge.

A LOTION FOR FALLING OF THE HAIR

A very stimulating and effective lotion in falling of the hair has the following composition:

Potassium nitrate	grs. 8
Pilocarpine nitrate	grs. 8
Corrosive sublimate	grs. 2
Ammonium chloride	grs. 2
Absolute alcohol	ozs. 7
Tincture of capsicum	drs. 5
Spirit of rosemary	oz. 1
Distilled water	ozs. 1 1-2

APPLICATION FOR MULTIPLE WARTS

Chloral hydrate	dr. 1 1-2
Acetic acid, absolute	dr. 1 1-2
Salicylic acid	dr. 1
Spirit of ether	dr. 1
Collodion	drs. 4

Apply to the warts twice daily.

DISADVANTAGE OF CORROSIVE SUBLIMATE INJECTIONS

More than once we have called attention to the danger of corrosive sublimate injections in the treatment of gonorrhea. When used in a strength of 1 : 500 or 1 : 1000 it is apt to cause a hard infiltration, which represents clinically the picture of a stricture, accompanied by a circumscribed inflammation of Littré's glands and of Morgagni's crypts. The treatment consists in painting the infiltrations with tincture of iodine, after the acute inflammation brought about by the sublimate has subsided.

THE TREATMENT OF GONORRHEAL ARTHRITIS

The treatment of gonorrheal arthritis is considered a joke among many physicians, for it is considered so hopeless. To such skeptical physicians we would advise a thorough unprejudiced trial of calcium sulphide and arsenic iodide. Let the arsenic iodide be given to its full physiologic effect, and the calcium sulphide should also be given until the patient practically exhales hydrogen sulphide from all his pores. Of course local treatment should be used at the same time, but our results are very much more gratifying since we have been using the two conjointly than when we have used the local treatment alone.

OINTMENT FOR PRURITUS ANI

One of the best ointments in pruritus ani has the following composition:

Camphoræ	grs. 4
Mentholi	grs. 3
Acidi carbolici	dr. 1-2
Acidi borici	grs. 10
Calomel	grs. 10
Unguenti zinci oxidi, q. s.	oz. 1

THE ANTISYPHILITIC GRANULE

Arsenic is beginning to be used quite extensively in the treatment of syphilis. The recent reports of Hallopeau, Lassar, Balzer, etc., show that in arsenic we possess a powerful adjuvant in the treatment of this disease. This will perhaps account for the fact that the antisyphilitic granule, having the following composition:

Mercury protoiodide	gr. 1-12
Stillingin	gr. 1-3
Strychnine arsenate	gr. 1-67
Iron arsenate	gr. 1-134
Quinine arsenate	gr. 1-134
Nuclein	gtt. 5

has proved so efficient in the obstinate and sluggish cases of syphilis. Besides the distinctly specific effect of the mercury, it has the tonic effect of the strychnine and quinine, the hematinic of the iron and the alterative and perhaps specific effect of the arsenic. It is difficult to conceive of a better combination.

GLEANINGS *from* FOREIGN FIELDS

TRANSLATED BY E.M.EPSTEIN, M.D.

THE VALUE OF THERAPEUTICS

The decisive results that may be accomplished by therapeutics, scientifically applied, and the advantages of the alkaloidal methods in bringing them about

AT the Cairo (Egypt) Medical Congress, in 1903, Prof. Bouchard made a very important communication, in which he sought to show that therapeutically we should employ only the active principles derived from the vegetable kingdom. But he put forth some ideas, which to say the least, seemed to me to be singular.

"It is not unexampled that when a patient is cured he should attribute his cure to his physician. But it is rare that a physician, when he is educated, considers himself the active agent of that cure. It is also rare that he is not useful. He has alleviated; he has favored the acts which rendered the cure natural; he has prevented possible accidents; he has sustained the patient's strength, giving him time and strength to cure himself. He did not accomplish the acts which cured. These acts the organism gradually realized during the succession of the phases of the disease. Nature followed them until the return of health—nature, the healer.

"Spontaneous healing is the rule, at least in acute diseases. It is not the same in chronic diseases, which are chronic because they have not the natural tendency to heal. Thus it is here that medical art shows itself in its dignity and power.

"What, then, is therapeutics if it does not heal? What may it have been when it thought itself to be curative? It may well have reduced and suppressed painful and dangerous symptoms; it has supported, perhaps, the organism which was undergoing an assault of a morbid cause; it was palliative. Or, again, it favored the natural actions which lead spontaneously to recovery; it directed the organism which was reacting against morbid causes; it was then a nature healer, *vulgo:* a naturopath, an expectant. This may be medical therapeutics and this may also be often enough surgical therapeutics.

"When surgery," he continued, "coapts the lips of a wound it allows the natural repair to work under the better conditions of rapidity and of preserving form and function. But if surgery had not intervened cicatrization would have worked out the same, only it would have taken longer and resulted less favorably, by forming new tissue to fill up the gap. When surgery reduces a fracture or a luxation, it does not heal; it only puts the parts that are injured in good position and nature does the rest; it restores by a natural method (beyond which we can do nothing) the parts that are broken or lacerated. And if the injured person should not receive surgical help, nature would act none the less; the adhesions would be formed, though the fixation of parts might be faulty.

"In cases like these intervention is certainly useful. It prevents nature from heal-

ing the injured person badly, and surgery can do better. If in the case of a gangrenous wound the knife is used to destroy the gangrene the cause is destroyed and the disease is cured, and there is left for nature no more than to fill up the loss of substance.

"In this case therapeutics was curative, and so it is in medicine when a case of poisoning is combated, but outside of this therapeutics is only palliative or naturopathic."

All these cases adduced by Bouchard prove nothing. If there are cases in acute diseases where healing takes place without medical intervention, there are, on the other hand, a great number where nature alone can not be curative. And how many persons might not have been saved from death if they had been properly treated medically! Let it not be said that in those cases therapeutics would not have cured!

While in rare cases nature *does* cure, the results are very different where nature acts by itself or where it is assisted by medical art. A wound well treated heals far more quickly and better than one that is not. A fracture left to itself will heal, but with deforming callus; while, when the physician intervenes the callus is avoided. Has he not a perfect right to consider himself the agent of the more perfect cure? And that deforming callus is frequently the most favorable termination of a fracture badly attended to, for we meet far more frequently with pseudoarthrosis and nonconsolidated fractures and of various complications in cases in which nature was the sole attendant, all of which are usually avoided when fractures are properly treated.

"I dressed him, God cured him," said Ambroise Paré long ago. But one might have asked a less modest surgeon how it came to pass that God healed rather those whom he dressed than others. He certainly had the right to claim the better part in these cures.

Here is an injured person who has an artery cut. It is but little that is needed to save that person. All it needs is to tie the artery. Can nature do it? No. And in this case has not the physician the right of claiming the cure if he is well instructed how to act?

But it is not only in surgery that the physician is needed. He is as much needed in medicine, properly so called. How many patients who have been attacked with pneumonia or typhoid fever were healed because they were well attended to medically and who would have been dead had they been left in the hands of Doctress Nature?

In medicine two things should preponderate: The one is exact diagnosis, and the other is precision with remedial medicaments.

It is evident enough that to combat well a disease we must know it well from the start, after which we may have recourse to those medicaments which are capable of either curing or amending it.

When a diagnosis deduced from pathology, pathogeny, etiology, symptomatology, is made certain we can then treat the affection under the best conditions if we have remedies on hand upon which we can depend. It is alkaloidal therapy that affords us these remedies. It is a scientific method of absolute certainty because it uses no other medicaments than those which are perfectly pure, whose properties have been defined by physiologic and chemical experimentation. In alkaloidal therapy we make use only of chemically pure active principles which are physiologically defined instead of complex natural substances which give the physician no certainty.

The replacing of alkaloids for whole-plant remedies and their pharmaceutical derivatives is the most happy scientific victory of modern science and the greatest scientific conquest of our times, so said Prof. Laura of Turin.

In therapeutics we have the best chances of curing the nearer we come to the processes of nature. On this point Gabriel Viaud says: "The alkaloids are for the most part the issue of the slow and silent labors of the vegetable cell; the mysterious products of assimilative synthesis; the sublime organic creation by the side of which even the contemporary marvels of chemistry must

grow pale. The alkaloids are natural, physiologic and assimilable medicaments. Here is the source of pure potential energy, susceptible of putting in play the same organic actions from which originate the protection of the organism against microbic invasion."

"The alkaloidal medicaments," writes Van Renterghem, "without giving anything up to or taking anything away from the nerve-cells or the muscular fiber, bring about, nevertheless, a change in their functions."

They are therefore vital inciters and consequently excellent remedies to heal, under two conditions: The first is to have the alkaloids pure chemically, mathematically dosed in every respect, always uniform in dosage and quality, and keeping irreproachably. The second condition is as important, and that is to administer them fractionately and till effect is produced. "The medium dose," says Laura with good reason, "is a scientific absurdity, and more than mere nonsense, it is a danger." It is evident enough that there can be no medium dose because it varies necessarily according to the individual and the gravity of the disease, and no good curative effect can be had till a sufficient dose is given, and this is very easily done by giving the alkaloids according to the dosimetric method.

The reliable alkaloidal granules of France and America meet perfectly the first condition mentioned above, (1) chemical purity, (2) mathematical dosage division and (3) inalterability.

The second condition is to keep strictly to the dosimetric therapeutic rule in administering the alkaloidal granules. One can not then go beyond their physiologic action, because administering them in minimum doses (but sufficient) by frequent repetition till a sure and determinate effect is produced in each case, they will not accumulate injuriously in the system.

"The alkaloidal physician can in fact observe the development of the action of each alkaloid he administers by suspending or moderating it; in a word, by so governing it till the effect required is obtained, the disease subdued and the danger passed." (Laura.)

Burggraeve had therefore good reason for saying that the dosimetric alkaloids when given with method and in just proportions have never any other but perfect physiologic actions. Hence, far from being poisonous, they are on the contrary excitomotors, that is to say, they sustain the vital movement while regulating it. Toxic effects appertain to the plant substance only, just because in the plant there is a union of actions, on the extent of whose bearing it is impossible to calculate.

From all that was said we conclude that since the physician has such absolutely sure and certain medicaments as the alkaloids at his command when he administers them alkalometrically, i. e., in small doses, frequently repeated till desired effect, it is not right to say that there is no therapeutics and that we must let nature do what she pleases, or merely assist her. No! Alkaloidotherapy is an exact, prompt, energetic and danger-free mode of medication if it is alkalometrically applied.

Alkalometry, or dosimetry as it is called in France, can enter, as Burggraeve said, on the road which Hippocrates, the father of medicine, had indicated: "*Quo tendit natura eo ducenda.*" I go whereto nature tends, she leading on." This means that she is leading and not that we allow ourselves to be led as the blind man by his dog. Alkaloidal therapy teaches that diseases are to be arrested at their first appearance instead of abandoning them to proceed in their disorganizing march, which is so improperly called "natural." It desires that the remedy be proportionated to both the disease and also to the strength of the patient and not abandon him to an unequal fight.—Dr. H. Vigouroux in *la Dosimetrie*, Sept., 1907.

TYMPANUMS MADE OF PARAFFIN

Hamm rejects all artificial tympanums constructed up to the present, because they irritate the ear and cannot be worn long. He prefers tympanums made of sterilized

paraffin at the melting point of about 45° C. (113° F.). These tympanums provoke no irritation, and if from some cause suppuration should take place anew in the ear, they would be forced out of place and could be found in the auditory canal.

The great advantage of such a tympanum is that with it the wearer can bathe freely without danger of water getting behind it, because the canal is hermetically closed. The acuteness of the hearing is also noticeably improved by this appliance.

To introduce it we cocainize the tympanic border (sulcus tympanicus) and the mucosa of the meatus, then dry it and with a small pledget of cloth previously dipped in liquid paraffin, apply the artificial tympanic material, dressing the border to the required size. The tympanum is then carefully adjusted and in a few moments the paraffin will be dry. After some practice the tympanum will be properly placed at once.—*Deut. Med. Woch.*, Feb. 22, 1906, in *Le Jour. d. Med. et d. Chir.*, Montreal, Can., 1906, p. 265.

SEDIMENTATION OF EXPECTORATION WITH HYDROGEN PEROXIDE

With hydrogen peroxide the toughest lumps of expectoration can be easily and rapidly dissolved and any tubercle bacilli present set free. If these are present in abundance they will be found at once in the rising effervescent oxygen. By this method the entire quantity of expectoration for twenty-fours can be easily sedimented at once. The disinfection practiced hitherto on the expectorated purulent lumps was insufficient because the albumen became coagulated in the process, but with the present process of dissolving the expectoration we can reach all the constituent parts and the bacilli at the same time. On this account, too, we are able best to use corrosive sublimate as a disinfectant because it does not combine with the hydrogen peroxide. This disinfection of the dissolved sputum with corrosive sublimate fulfills all the sanitary legal demands in examining contagious matter. The staining capacity also of the tubercle bacilli does not suffer from either the peroxide nor from a 1:1000 solution of corrosive sublimate.—*Muench. Medicin. Wochenschr.*, 1906, 1660.

A GERMAN SHOTGUN PRESCRIPTION AGAINST ASTHMA

Dr. Schliep recommends (*Therapeutische Monatshefte*) the following as a spray-remedy against asthma:

Eucaini	1.0	(grs. 15)
Potassii nitratis	5.0	(grs. 75)
Tincturæ lobeliæ	10.0	(m. 150)
Glycerini	30.0	(oz. 1)
Aquæ amygdalæ amaræ	30.0	(oz. 1)
Aquæ destillatæ	20.0	(drs. 5)
Extracti stramonii	1.5	(grs. 24)
Extracti belladonnæ	1.0	(grs. 15)

RUPTURE OF THE DIAPHRAGM

M. Roughton relates a case of that kind. The patient, a railroad employe 49 years of age, entered the hospital a little while after being run into. The patient complained of pain in the lumbar and precordial regions. Physical examination reveals no serious injury, but there was noticed a diminution of the respiratory amplitude on the left side. The cardiac dulness disappeared and the left side of the thorax gave a tympanitic sound on percussion. Laparotomy was done next morning. The condition of the injured man was very grave. The stomach which was displaced toward the thorax was pressed downward and the rent in the diaphragm sewed up. The moment the stomach was being moved blood gushed from the thorax into the abdomen. The patient died next morning. The autopsy showed the spleen displaced into the thoracic cavity. The diaphragm broke loose from the anterior attachments from behind the xiphoid cartilage down to the ninth rib. The thorax and abdomen formed but one cavity. The striking point in the case is its apparent mildness at first.—*La Medicine Orientale*, 1907, p. 23.

THE TREATMENT OF PNEUMONIA

Some positive ideas from a man who does not believe with Osler, that "pneumonia is a self-limited disease"

PNEUMONIA is a self-limited disease and runs its course uninfluenced in any way by medicine. It can neither be aborted nor cut short by any known means at our command. Even under the most unfavorable circumstances it will terminate abruptly and naturally without a dose of medicine having been administered. So, also, under the favoring circumstances of good nursing and careful diet the experience of many physicians in different lands has shown that pneumonia runs its course in a definite time, aborting sometimes spontaneously on the third or fifth day, or continuing until the tenth or twelfth. We have, then, no specific treatment for pneumonia." (Osler.)

It is strange that there are so many physicians claiming that pneumonia is a self-limited disease. If it is self-limited, why call a physician? The patient will get well or die, and there's no doctor's bill to pay.

The first stage of pneumonia is ushered in with a distinct chill, congestion of the lung followed by pain in the chest, cough discharging blood or brick-dust-colored sputa, fever, and a temperature in many cases of from 104° to 106°F., pulse 120, very full. The inflammatory stage continues indefinitely unless it is combated with heart sedatives, and proper remedies are given to meet the next congestive stage, which will come on within the next twenty-four hours and will involve a greater portion of the lungs, and if not met by proper remedies, will prove fatal.

I suppose every physician has observed erysipelas in patients, and how the inflammation spreads from day to day, and just so it is in pneumonia. Combat the congestion, and you cut short the disease. There is no doubt but what the disease is produced by a germ which causes the congestion and other pathologic conditions.

In January, 1879, I examined the vomited matter from a patient who was suffering with pneumonia, and found that it contained bacteria. I put the vomit in water that had previously been boiled in order to destroy any bacteria it might have contained, and examined the water with a microscope of 650 power, and found the water apparently alive with bacteria. I put some of this water in different vials, and applied different chemicals in order to ascertain what medicine would destroy them. I found that quinine, cinchonidia, and sulphurous acid had the desired effect. I had the specimens frozen during three weeks and then brought the water to 100°F. and examined with the microscope, and found the germs as lively as if the water had not been frozen.

I am fully convinced that there is a specific remedy for all disease, but it behooves all physicians and scientists to discover them. What would electricity be worth without a nonconductor, or the metals

without heat? How are we to combat disease without specific remedies? We all know that we have remedies that specifically act on the heart, and others that act on different organs. Then why say, "drug medicine is a fraud."

Supposing you had a reservoir with a capacity of 50 gallons, and it required two hundred strokes of a pump per minute to keep the reservoir full. And supposing the pump was making 400 strokes per minute, would not that reservoir run over? So it is with the patient that has pneumonia. The normal heart-beat is from 65 to 70 beats to the minute, which produces a normal flow of blood to the lungs. But if the heart-beat is increased to 120 per minute, would it not engorge the lungs with an oversupply and be very detrimental to the patient?

It is my experience in forty-nine years of practice that with a good tincture of veratrum viride (Norwood's) given in suitable doses, we have complete control over the heart's action. We have many other good heart sedatives but I prefer the tincture of veratrum viride, as I consider it the most reliable and the safest. With it we have control over inflammation, as it can not exist with a heart-beat of 65 to 70 per minute.

Many physicians give a stimulant in such cases, to force the blood through, and in doing so, kill their patients. In a number of cases of pneumonia I have given veratrum viride, and brought the pulse as low as thirty beats to the minute. The patient would vomit and hiccough and be in great distress, but on giving black coffee, laudanum or whisky, the effects of the veratrum were counteracted in a few moments. I have never known a death to result from its use. I have used the coal-tar derivatives but consider them very unsafe remedies.

I have never seen a case of pneumonia that did not have a periodic rise of fever and we must make use of antiperiodics to combat the congestion. A well-known old physician had so much confidence in quinine as an antiperiodic that he said, if a steamboat were making periodical trips to the wharf he could stop it with quinine. In many cases we have to persevere and give till the system is saturated with quinine in order to destroy the germs. When I commenced the practice of medicine it was thought by the old physicians that it was certain death to the patient to administer quinine before the fever went off. I make the crisis with veratrum viride and administer quinine as soon as the patient's skin is slightly moist and continue it for thirty-six hours.

Soon after I commenced the practice of medicine, I was called in to see the patient of an old physician; the patient was suffering from remittent fever, and had been for several days. I found him with a high fever. Examining the medicine, I found spirit of niter and quinine, the latter to be given as soon as the fever went off. But the fever would not abate. I gave the patient Norwood's tincture of veratrum viride in suitable doses, and in the course of a few hours the fever let up, and the quinine that the doctor had left was then given as he had directed.

The old doctor called the next day and found his patient free from fever and doing well in every respect. A few days after he met me on the street and asked me what I gave his patient that had such a happy effect. I replied that it was tincture of veratrum viride. He said, "Veratrum viride, what is that? I have never heard of it before." I gave him the medicinal properties and he was never without it in his medicine case after that.

It is seldom we are called to see a patient in the first stage—congestion; if so, I administer chloroform, a diffusible stimulant, one-half dram in water, which will hasten reaction, and when this is thoroughly established, I look after the inflammatory stage, which is one of high fever, 104° to 106°F., and pulse 120 to 130, cough, sputa tinged with blood, pain in the chest, headache, and great restlessness. I now administer veratrum viride three or four drops every three or four hours, until the pulse comes down to 70 or 80 beats to the

minute, the temperature to 100° to 102°F., and the skin becomes moist.

I give the following prescription: Quinine sulphate, grs. 30; powd. opium, grs. 2; fluid extract of ipecac, gtt. 8: Mix and make into ten capsules. Sig.: One every three hours. I continue this combination for thirty-six hours, unless the temperature rises. If so, I resume the veratrum viride in order to keep the temperature down. The temperature of the room should be from 65° to 70°F. and fresh air should be admitted freely day and night. The patient should not be permitted to get out of bed but should use the bed-pan and be supplied with pure fresh water as desired.

The time of the first cold stage should be noted, and two hours before that time hot-water bags should be placed at the feet and a mustard plaster over the spine, from the shoulders to the sacrum. It should be removed as soon as it becomes painful. Should the patient miss the second cold stage I administer 1-2 grain each of calomel and soda every three hours, following with magnesium sulphate three hours after the last dose is taken, and after the bowels are thoroughly evacuated I continue the quinine, opium and ipecac as before. It quiets the patient and relieves the cough. Should the second cold stage come on, treat it as you did the first.

During the first two or three days the patient requires very little nourishment, but after that time, milk, beef-tea, and egg-nog should be given at stated periods.

Should there be hepatization of the lungs, there is nothing better than small doses of calomel or potassium iodide to promote absorption. If this treatment is carried out, the patient rarely goes into the suppuration stage. There is a time to depress and a time to stimulate in the treatment of pneumonia. I have never lost a patient suffering from pneumonia except it was a very aged person or one addicted to alcoholic beverages. W. S. Ross.

Madisonville, Ky.

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[While Dr. Ross differs from us somewhat as to detail, in the treatment of his cases of pneumonia, yet as regards *principles* apparently we are not so far apart. To cause the much-needed sedation of the circulation during the sthenic stage of the disease he relies upon the tincture of veratrum viride, while we prefer to use the alkaloid veratrine, usually in combination with that powerfully synergistic remedy, aconitine, relying upon the addition of a small dose of digitalin to give any needed support to the heart. The veratrum—or from our point of view, veratrine—is certainly a very valuable and indeed an indicated remedy in these cases, and its effectiveness is shown by the results which Dr. Ross has attained in its use.

In the later stages, when a supportive is needed, we replace the veratrine with strychnine arsenate, while Dr. Ross relies upon quinine. We prefer the strychnine, but the quinine treatment has something to recommend it, and for that matter, has recently been revived by Galbraith and others.

The moral is, that men who really attack this disease with energy, with a common-sense interpretation of the morbid process which is to be met, *do* get results, *do* cure their cases, and *do not* consider pneumonia a disease "unamenable" to treatment.—Ed.]

HE LIKES CLINICAL MEDICINE

My subscription to Clinical Medicine will not expire until Jan., 1910. After that you can count on me for five or ten years longer. I like Clinical Medicine because it is progressive and is pulling lots of us country practicians out of the old ruts. There is no question but what alkaloidal medication is far and away ahead of the old system of practice. I preach it every chance I get and have one convert in the person of Dr. ——. He and myself are the only ones using the alkaloids here. In the August number there is a fine article from the pen of Dr. Robert Gray of Mexico that has the right ring and to all he says I voice my "Amen." All will have to adopt active-principle therapy in the near future; the

old is only an empirical system, long since out of date with all who appreciate rational medicine.

You have done a magnificent work for medicine, one that at least is appreciated by the country doctors and should be by all. From the days of Galen down to the present generation medicine generally has been nothing more than a system of empiricism. But today the clouds are breaking and the optimist sees much light ahead. We are gradually getting out of the breakers and into the smooth waters. CLINICAL MEDICINE will be long remembered when some of its antagonists are numbered with the dead past. May your efforts succeed to the advantage of mankind and suffering humanity.

G. H. HERBERT.

Richfield, Utah.

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[There is an ocean of hope and helpfulness in these cheering letters from our dear friends all over the country, so many of whom write us like Dr. Herbert. They are a big "boost," Brothers all!—ED.]

A FEW EMERGENCY DRUGS

Having, in the course of a country practice, repeatedly had occasion to meet emergencies in some back corner of civilization, I concluded it would not be out of place to use the columns of *The Medical Council* to set forth a few brief hints as to what have been for me the most essential emergency remedies. While, of course, a doctor by good right ought to do all his own dispensing, still he should most especially have with him the following list: Amyl nitrite, some strychnine preparation, calcidin, pilocarpine, veratrine, sparteine sulphate, sweet spirit of niter, powdered alum, tincture of capsicum, ergotin, and atropine.

Of the various nitrites, nitroglycerin is the one most commonly used. This is more permanent in its effects than the nitrite of amyl, but less so than that of sodium. As the most pressing indications for the use of nitrites are in shock and collapse, time is a great object, and the nitrite of amyl, being a volatile liquid, has the advantage of being quickly absorbed by inhalation. To be sure, other nitrites can be given hypodermically, but it takes time to load up a syringe; and the nitrite of amyl is sufficiently persistent in its effects to last until a hypodermic of strychnine can be administered and absorbed. In moderate doses the nitrites are, to a certain extent, synergists to strychnine, acting as stimulants, though in overdoses they are dangerous depressants. Nitrites quicken the pulse by relaxing cardiac inhibition and relax the vasomotor system, causing dilation of the peripheral blood-vessels. Strychnine, however, tends to counteract the nitrite by increasing the force of the circulation, slowing the pulse and overcoming its vasomotor effects by contracting the small vessels and raising blood-pressure. In asthma that is a very appropriate combination, for the respiratory center can be stimulated by the strychnine and the internal congestion relieved by the nitrite. Every physician should carry a bottle of amyl nitrite in his pocket wherever he goes. It should not be full, lest the cork fly out. A very convenient bottle is one which originally contained 500 alkaloidal granules. That holds about three drams and is of thick glass. Another convenient form of carrying amyl nitrite is in pearls. By crushing only one of these pearls or inhaling two or three drops in bulk, the patient avoids an overdose, which would aggravate the condition of syncope that a moderate dose would relieve.

I was recently called to see a boy fiv years of age, who had no perceptible pulse in the wrist, could breathe only with the greatest difficulty, being choked up with croup. The first thing to do was to give him a smell of amyl nitrite, then load the hypodermic with one-fiftieth of a grain of strychnine nitrate. That was, of course, an heroic dose for a small boy, but it was not too much, considering the weakness of the pulse and the depressant vasomotor effect of the nitrite. To relieve the croup, calcidin (or iodized lime) was pushed to effect —five grains at the start and a third of a grain every few minutes until the paroxysm was under control. This, or some other

loose combination of nascent iodine, should be in every physician's pocket or medicine case, the iodides being too slow for emergency work. Likewise, in poisoning and in hysterical paroxysms, one needs to have his apomorphine at hand, and in puerperal eclampsia his veratrine and his pilocarpine. As a pain reliever, some solanaceous alkaloid, such as atropine or hyoscyamine, can well replace the habit-forming drug morphine.

Though the alkaloidal movement has made medicine more nearly an exact science, still sometimes for quick work a liquid preparation is preferable. Such is the case with tincture of capsicum. In comatose conditions an injection of tincture of capsicum in some sensitive mucous cavity, as the nose or the rectum, goes a great way toward arousing the patient.

In sudden suppression of urine, where the patient is unconscious, hypodermic injections of from one-half to two grains of sparteine sulphate should be given every hour or two; but when the patient is conscious, the diuretic *par excellence* is sweet spirit of niter. In extreme cases of shock and suppression not much dependence is to be placed on drugs, but saline infusions are urgently demanded. Outside of well-equipped hospitals intravenous infusions are too dangerous to be considered, there being too much risk of injecting air as well as danger that the apparatus may not be quite sterile. If there is no sterile water on hand for a normal salt solution, hypodermoclysis takes time, as the solution has to be boiled and allowed to cool. In such event, if shock is too pronounced, rectal saline infusions can be retained if given in small quantities at frequent intervals.

In obstinate constipation with impaction in the colon or sigmoid an enema of a tablespoonful of powdered alum, with or without a few drops of turpentine, in a pint of warm water, will not fail to hurry a passage through a patient if the bowel is not paralyzed. That treatment always gripes a patient, but sometimes that is the only possible means of unloading the bowel.

In every emergency case some provision should be made for combating internal hemorrhage. Without going through a long list of hemostatics, I simply wish to place special emphasis on ergotin and atropine.

Having briefly alluded to a few remedies liable to be needed before a prescription could be filled at a drug store, I take the liberty to throw out the suggestion that the life of the patient is to be considered in preference to the good-will of the druggist. On that account dispensing and not prescribing should be the rule. Though having moved from an off-corner of northern Minnesota to one of the big cities of Colorado, my habits in that line have not been changed one particle. Why should there be any change from a way that has proved successful, simply to conform with the majority? Time and time again in my practice having the right medicine on hand at the right time has been all that saved the patient's life.

F. D. PATTERSON.

Colorado Springs, Colo.

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[We reprint this extremely interesting paper from *The Medical Council*. We like the doctor's style, both with regard to the common sense that he uses in the treatment of his cases and in the conduct of his business. It emphasizes again that point upon which we have insisted often, that success depends upon knowing what to use in your cases, and having it to use when you need it. Brains are of little use to a man without good tools; no matter how good tools he has, they are valueless in his hands without the brains to use them intelligently. And that's one reason—the principal one—why so many of the bright men of the CLINIC "family" use the alkaloids—and dispense them themselves.—ED.]

"GETS THERE" IN HIS TYPHOID CASES

I use the alkaloidal granules quite extensively and have an immense siege of typhoid fever every autumn and know that I very often break up what would be protracted cases, and often mitigate them so that instead of from three to five weeks, my patients are up in five to eight days.

I also am doing a large obstetric work and sometimes get the appellation of being a "baby doctor," because I am fond of giving the nice little granules. A case of croup a few nights ago in a two-months' old baby was relieved promptly with calcidin. I got the usual praise.

Back to fever: I invariably "clean out, clean up and keep clean" and know the good effects which follow this line of treatment.

GEO. E. FLOWERS.

Granite Falls, N. C.

[Another "success story!" It's really wonderful how many of these come in from the men who have thoroughly absorbed the "clean-out-clean-up-and-keep-clean" notions—which some people seem to think we hammer away at too hard—and how putting a man's practice on an "alkaloidal" basis dispels the fogs of pessimism and uncertainty, giving him new hope, courage, self mastery and success.—ED.]

MORPHINE IDIOSYNCRASIES

I see in the October number of CLINICAL MEDICINE that Dr. W. F. Nelson, of Liberty, Missouri, has had a strange result from a hypodermic of morphine sulphate. I have been affected by morphine three times in the last six months, in the same way, and like him I thought I was a goner every time. What could cause it I cannot possibly conjecture. It is not air in the syringe as he supposes.

I have a case of dysmenorrhea that I have been treating for some time, and in which morphine is used, and the lady tells me she has had similar symptoms severely and often. Let us put on our thinkers and see if we can devine the cause of such symptoms.

J. T. CLARK.

Yoakum, Texas.

THOSE "IDIOSYNCRASIES" WITH FORMALDEHYDE AND MORPHINE

In neither case is this "idiosyncrasy" simply the introduction of those remedies directly into the blood current.

In Witham's case the trouble was due to too small and weak a quantity of the formaldehyde, as in the use of too weak an arsenic paste in cancer, causing absorption. As to the other, I've had several patients being treated for the morphine habit give similar reports, although they were taking perhaps eight or ten hypodermics daily, of gr. 1-2 to gr. 1 each. Such an occurrence would happen only three or four times a year. As proof that it was not a nerve that was implicated they always noticed that all traces of the fluid would disappear as soon as injected.

J. W. WHEELER.

Cornwall, Ont.

IN REPLY TO DR. BROWNSON

On page 1156 of CLINICAL MEDICINE appears a letter by Dr. Brownson which gives food for reflection. We are all—nearly all—too timid in the use of means to make our lives more comfortable. Why struggle so hard for our daily bread when by a little ingenuity and considerable circumspection we might pave our paths with dollars more easily procured than by drives over frozen roads or through rain or sleet by night and by day for small fees in comparison to services rendered.

The earth is incumbered by many old people who have survived their usefulness, and who during the hey-day of their lives put aside, many of them, much means to carry them by these useless years. The opportunity presents itself of gaining the confidence of these tardy diers and, after superintending a properly made will, to speed them on their way and spare them the ennui of a useless waiting for a blessed release.

Or why not adopt another plan, only lately put in practice, but without that secretiveness which made the project altogether comfortable? That is, form a partnership with some traveling insurance agent and insure for large sums sick men who are doomed shortly for the grave and then, to prevent foolish delay in the maturity of the policies, hurry them on the way as a doctor

UR Special January Number a Hummer

The next number of Clinical Medicine will be the finest that we have ever produced—not only as regards the quality of the reading matter, which will be chock full of human and professional interest and "snap"; but also typographically and artistically the finest.

This number will tell the story of our "Progress"—of the growth and development of the alkaloidal idea and of the CLINIC in the telling of it. For this reason, naturally, considerable prominence will be given to Dr. Abbott's article, "The Story of the CLINIC," in which it will appear how the germ of "alkaloidism" planted in the heart of a young doctor from Vermont some fifteen years ago (even then and for years before a Chicago hustler) has grown into a mighty oak of practical achievement. Many other of our good friends, old readers of the CLINIC who have taken it from its first number and new readers whose enthusiasm in alkaloidal therapy goes back only a few months, will tell what this great idea has done and is doing for them and for the profession as a whole.

W. C. Abbott, M. D.

A Splendid List of Contributors

We are particularly proud of our list of contributors for this special number, among whom we count Dr. George M. Gould, editor of *American Medicine*; Dr. Reynold Webb Wilcox, of the Post-Graduate School and Hospital, New York, author of a well-known Therapeutics and of The Treatment of Disease; Dr. John V. Shoemaker, author of Shoemaker's Materia Medica; Dr. Thomas J. Mays, the

prominent author Dr. G. Frank Lydston, of the Illinois State University, etc. There will also be articles by Dr. Waugh, Dr. Candler, Dr. Shaller, Dr. J. M. French, Dr. W. F. Radue, Dr. R. J. Smith and others whose names are familiar to the "family." Of great interest also will be contributions from readers of the CLINIC, from Europe, Asia and the "isles of the sea." We have in hand illustrated articles by Dr. Thomas Linn of France, Dr. W. B. Adams of Asia Minor, Dr. Thomas E. Moss of the Philippine Islands, Dr. Rosa Palmborg of China, Dr. John Abbott of Central America, and a long list of our dearest and best friends all over the United States and Canada — friends whom we delight to honor and who take pleasure in honoring us.

CLINICAL MEDICINE for January will be a feast of good things, the first of a 12-course banquet for the year, truly the best we can give you, though like Oliver Twist we are never satisfied and incessantly strive for "more" believing that from the uplift essentials of this great advance we shall never slip back a peg.

NEW PLANS FOR NEXT YEAR

Some great changes will be made in the CLINIC, commencing with this January number. Possibly of most far-reaching importance is the long-demanded and much-talked of Post-Graduate School of Therapeutics, which will be under the direction of Dr. George F. Butler, the brilliant author of Butler's Materia Medica head of the department of therapeutics in the Chicago College of Medicine and Surgery. We think it would be difficult, if not impossible, to find a man better equipped to take this up. Dr. Butler will be assisted in this school work by an eminent and able corps of teachers. A synopsis or the general scheme of instruction will be found in the Miscellaneous Department, this issue.

Our special departments will also be somewhat modified, to enlarge their scope so as to admit, in full, the "Therapeutics of the Specialties," including under this general head Surgical Therapeutics, Gynecological Therapeutics, Dermatologic Therapeutics, Ophthalmologic, Otologic and Laryngologic Therapeutics, Physical Therapy, etc.

Above everything else we have an inborn boiling hatred of stagnation. We want to grow—to grow better and stronger, not merely bigger, and *we will grow!* We owe all that we are to hard work and the inspiration of the approval of the American doctor—the man without fads and frills, whose main ambition is to cure the sick—to do good.

Therefore this magazine will be as it always has been, *his* journal—and that means *yours*. Never forget this! Keep right on with your help and with your suggestions as you always have—but more, more! We are yours, doctors for doctors! Help us to build up. Stay with us!

"OUT of the Abundance of the Heart the Mouth Speaketh"

W. F. WAUGH, M. D.

"With You to Stay"

I am with the "Clinic family" to stay, even though The American Journal of Clinical Medicine should go to $5.00 per annum. So you may believe me sincerely.

W. N. Finney, M. D.
Lincoln, Calif.

"Worth the Price"

I see by renewal order blank that The American Journal of Clinical Medicine has taken a raise. It is worth it, for many journals at five dollars a year are not as valuable. I enclose money order for $1.50.

St. Louis, Mo. J. A. King, M. D.

"Would Not Be Without It"

I would not be without "Clinical Medicine" for ten dollars a year. I get more practical knowledge from it than from six other medical journals which I take.

Wellington, Tex. James Mooney, M. D.

A "Cracker Jack" and a "Daisy"

The January, February and March numbers of The American Journal of Clinical Medicine came duly to hand, and a hurried perusal convinces me that this journal is a "cracker jack" and a "daisy," and the three numbers alone are worth the yearly subscription price.

San Antonio, Tex. R. Menger, M. D.

"Best on Planet"

The American Journal of Clinical Medicine is simply the best magazine for the practical Doctor published on this planet. I have been with you for years, and old friends are usually the best after all.

H. S. Brevoort, M. D.
St. Louis, Mo.

EMORY LANPHEAR, M. D.

"Worth More than All"

I thank you for your excellent "Clinical Medicine." It is worth more to me than all others I take. I should hate to have to practice without it.

W. A. Leonard, M. D.
Shushan, N. Y.

A. S. BURDICK, M. D.

"A Relish"

I am a member of the A. M. A., have been for years, but the "Clinic" comes in fresh and new—a sort of a relish—and helps digest the other stuff.

Marion, O. R. C. M. Lewis, M. D.

"Think More of It"

I think more of "Clinical Medicine" than any Journal I take.

Waterloo, Ia. H. W. Brown, M. D.

A WORD About Renewals

AS ANNOUNCED in this number, the subscription price of CLINICAL MEDICINE will be advanced to $2.00 the year on January 1, 1908. All renewals before that date will be accepted at the present rate of $1.50 and for as many years in advance as desired, providing old accounts are all paid up.

If CLINICAL MEDICINE has proved interesting and helpful to you in the past it will be even more so in the future, not only next year but for all the years to come. Although the journal was wonderfully improved and enlarged last January, still further additions and improvements are planned for 1908 (see Miscellaneous Department, page 1514)

Many of our subscribers have said it would be impossible to add to the present strength of CLINICAL MEDICINE, but we don't agree with this. No man's work is so good that it cannot be improved and ours is no exception. We shall do our level best every day of every week of every month, and we believe you will be agreeably surprised at and pleased with the constant and steady growth we will show you in interest and helpfulness.

Do not put this matter off. Pay up old scores, if any there be, and send your renewal remittance today! If you are not certain of the amount be sure to send enough and we will credit you in advance or return balance, as you say. This $1.50 opportunity positively goes out on January 1, 1908. Act promptly, and in addition to your own renewal send us a new subscriber if you can — rather, IF YOU WILL, for to do so is dead easy if you'll but try.

SPECIAL RENEWAL COUPON

The Clinic Pub. Co., Ravenswood Sta., Chicago

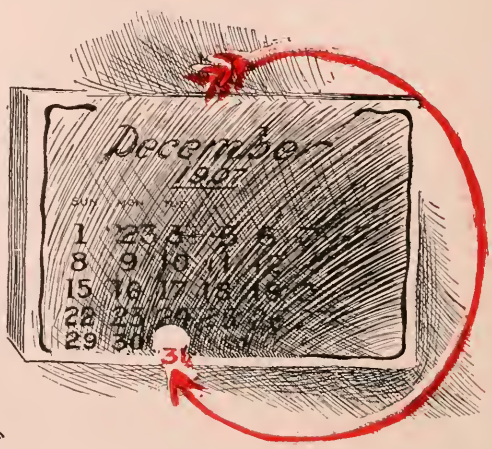
I enclose $..... to pay up old scores and to renew my subscription to "*Clinical Medicine*" for .....years at the present rate of $1.50. At expiration of this period, unless otherwise advised, you may continue at the regular rate.

Dr.....

St. Address.....

Town..... State.....

Present foreign subscription price $2.50 a year. After January, 1908, $3.00 a year.



might so easily do. Of what use are they longer here and what could the few months of natural life bring except pain and weariness to themselves and trouble to their friends? Honestly, Doctor, what would you do? Why waste time on the teaching of sentimentalists.

Once upon a time there lived another man of the Brownson family who taught a different philosophy. He called himself Orestes Brownson. He wrote much and in a hundred years his works will be read more than now, but don't bother with his writings, because they upset the comfort of the practical men. And again as to the two plans! Which appeals more to the heart of the huntsman?

In the murder of the inoffensive being in its mother's womb, but a trifling risk of detection is run and the victim is utterly defenseless, when by the other plan some risk at least is taken for the money. The true sportsman scorns to shoot into a bunch of quail schooled together on a frosty morning under the hedge but scares them into flight and gives them a chance for their lives. Let us give the unborn baby a chance for its life and try our luck with the elders.

A Pupil.

——, Texas.

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[You know where we stand; but perhaps it is well enough to repeat, for we stand with "A Pupil." No casuistry can justify the taking of fetal life, any more than it can the destruction of any other human life. The position of the abortionist is one, inevitably, of moral surrender if not of actual crime. We can see it in no other light.—Ed.]

THE OLD PROBLEM

I would most respectfully take issue with the Arkansas doctor in his article, "The Abortion Problem," and would say that were the human family to follow his teachings we should not only be breaking one of the commandments but should have a much more wicked world than now and be adding trouble to the abortion problem now unheard of.

Would the contributor advise his son and daughter to have illicit intercourse or would he go with a shotgun for the betrayer of his own?

He says: "Regardless of our customs or age-long habits, nature demands that the sexual organs of both male and female shall be used temperately as soon as they are properly developed."

What fallacious teaching. Following just such instructions is the cause of all of our genitourinary diseases, infidelity, unfaithfulness, marital infelicities, and the basis of a larger percent of our divorce-court proceedings. The sexual function should only be used when its divine purpose is intended, namely, for the procreation of human beings and the perpetuation of our own flesh and blood.

If the doctor will study the lives of some of our learned men he will find that history gives us instances of some learned, scientific men who have graced our literature, who never had sexual intercourse, and their writings occupy a higher niche in the temple of fame than has ever issued from the state of Arkansas.

Wm. Patch.

Buckley, Ill.

WHAT CAUSES MORPHINE IDIOSYNCRASY?

In the October number I see an article called "A Case of Morphine Idiosyncrasy." I have practised medicine over fifty years and have never paid any attention as to whether there was air in the syringe or not, and I do know that air has been passed into the patient a great many times without causing any bad effect, and I have injected morphine directly into the blood-vessels and it never did any harm. But I will say to Dr. Nelson that this trouble is often due to dirty fingers, or contamination from some other source, so that dirt got into the circulation. I have known the same symptoms to occur often when care was not taken to keep everything clean, both in my own practice and also in that of others who have reported to me.

In my own case some ten years ago I was fishing and did not think to wash my hands. I used the hypodermic syringe on myself to relieve a severe pain that I had, and just used plain drinking water, not boiled; I used 1-4 grain morphine and in about one minute I was burning up and for about twenty minutes I thought it would kill me. I swelled up with the "hives" all over. I know that was only due to the dirt for I have had the same thing happen often since, both on myself and in patients that had been careless.

I have a patient whom I have treated for ten or more years that is a morphine taker. He says that he had been using morphine for more than twenty years when I first treated him. I found that he was using one hundred 1-4-grain tablets of morphine every day, with the hypodermic syringe, that is, twenty-five grains per day, or a grain every hour, day and night. I found that he took that and did a good day's work at his trade. He is a carpenter. I treated him for the morphine habit by the reduction plan, with nerve and heart tonics, and had him down to one grain per day when he left, and I did not see him again for a long time. But when I next saw him he was back to ten grains a day. I then cured him and he takes none now.

But don't think of air in the blood-vessels doing any harm—for it won't. I never try to keep air out and if I have no dirt I have no pain or bad effect. You can depend on what I tell you for I use all kinds of drugs hypodermically every day and have for many years, as I have a large office practice for an old man, and so long as there is no dirt or poisonous stuff or irritant, all goes well.

J. J. Brower.

Coshocton, O.

A VALUABLE BOOKLET

Numerous American doctors having read my contributions have importuned my specific treatments, or information to guide than in a purpose to migrate to Mexico or the Spanish Americas. As personal replies to thousands such are impossible this informs them that costly printing, labor and postage require a dollar bill, registered or in money order, and two months to secure by mail formulas that cost me fancy prices—cures or preventives of gonorrhea, catarrh, malaria, dyspepsia and a score of other common ailments, the medication being first grade, scientific departures from text-books and strange to rules of current practice: a specialistic mint for doctors that puts to shame our scholastic treatment of similar conditions, composed of sterling chemicals any trained nurse can prepare.

With the same will go a nutshell lesson on suggestive practice and the beacon light or guide of experience any doctor should have in advance who comes this way to seek medical fortune.

Forty days after this appears the number of copies ordered will be printed and mailed and money coming after will be returned.

Robert Gray.

Pichucalco, Chiapas, Mexico.

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[Dr. Gray has been a frequent contributor to Clinical Medicine, and is an enthusiastic user of the active-principle remedies. We know that all he writes is eagerly read, so we feel sure that his little book will find many buyers among members of the "family."—Ed.]

THE ALKALOIDAL TREATMENT OF MALARIA

According to my experience and observation malaria is fast disappearing and will in the course of a few years be a thing of the past.

The first thing to do in the treatment of malaria is to arouse the liver thoroughly and for this purpose I have found nothing equal to the tablet of calomel, podophyllin and bilein comp. No. 1. Each tablet contains calomel and podophyllin, of each gr. 1-6, bilein, gr. 1-8, and strychnine arsenate, gr. 1-250. Dose, one tablet every half hour until six or eight are taken according to how hard the patient is to affect. In two hours after the last dose give two to four teaspoon-

fuls of saline laxative in two-thirds of a glass of hot water.

In one or two days this course should be repeated, if the tongue is not well cleaned off, and occasionally a third course must be given. Clean out each morning with saline laxative. Dose, one to four teaspoonfuls in two-thirds of a glass of hot water half an hour or hour before breakfast, as it acts better on an empty stomach and in hot water.

The cleansing out of the alimentary canal is not only very important in the treatment of malaria but in nearly all other diseases, as it opens up the way for the action of other remedies. The intestinal antiseptics (sulphocarbolates) should follow the saline laxative. Dose, five to ten grains every two hours until the stools are disinfected and then often enough to keep them so. The intestinal antiseptics act better when given in hot water, and some cases require very large doses.

To keep the chill off give one antimalarial (Dumas) pill every two hours until four, five or six are taken, beginning so the last dose will come one or two hours before the chill is due. If this does not answer as an antiperiodic, give twenty to forty or even sixty grains of quinine sulphate or bisulphate with two to five grains of powdered capsicum about six or seven hours before the chill is due. I have used quinine in various ways and all-size doses and have concluded that in most conditions one large dose every twelve or twenty-four hours is the best way to use it. I have given a seven-year old child 20 grains of quinine sulphate every twelve hours for several days and a fourteen-year old child 40 grains every twelve hours for several days.

I am a strong believer in very large doses when small doses do not have the proper effect, but large doses are to be used only when mild ones fail, or in desperate cases. I find that large doses of quinine are tolerated by the stomach better than small doses and will not cause any more unpleasant head or nervous symptoms than ordinary sized doses frequently repeated. I am aware of the fact that many will not agree with me in regard to my doses of quinine, but that cuts no figure with me and I do not want to discuss the matter with them, as when I use the remedy in nearly all-size doses I can tell when I get the best results, and no one, no matter how good an authority, need try to make me believe a thing that is contrary to my personal observation and experience.

The unpleasant head and nervous symptoms can be relieved somewhat with potassium bromide in large doses. In most cases of malaria the fever should be controlled with gelseminine pushed until it gives the desired results. It will probably give best results, as do most other remedies and especially the alkaloids, if given in hot water. It is a poor drug in most cases unless enough is given to produce the proper effect, i. e., reduce the temperature or cause double vision. If the heart's action is not strong add cactin to the gelseminine, and it will not only sustain the heart but assist in reducing the temperature. Gelseminine is a very valuable febrifuge in malarial fevers, in fact, the therapeutic properties of gelsemium were discovered by accident on account of its curing a patient, who was expected to die of a severe case of remittent fever; it was given by mistake for another remedy. Afterward, learning what it was, it was tried in other cases of intermittent fever and proved to be curative.

Myricin is a good remedy to combine with gelseminine in fevers, as it enhances the latter's therapeutic properties and prevents much of its unpleasant effect, especially on the heart; it is also valuable when there is too much relaxation. Myricin is a remedy that deserves a thorough trial as an antiperiodic. If desired, the defervescent compound or dosimetric trinity can be used in place of gelseminine. The defervescent compound is used in sthenic cases and the dosimetric trinity in asthenic cases. The dose of either compound is one granule every half to one hour until effect, then less frequently. If the spleen is enlarged, berberine muriate should be used. Dose one to three granules every two to four hours. It is best to give it in connection with quinine

arsenate or in connection with the triple arsenates, especially if there is anemia, or with the anemia and chlorosis granules.

It is my opinion that a chill could be kept off by giving hypodermically one tablet of the hyoscine, morphine and cactin compound about an hour before the chill is due. This deserves a trial and I predict that it will be successful in most cases. The use of calcium sulphide to prevent as well as to cure malaria deserves a thorough test. It should be given freely until thorough saturation and then enough to keep the patient saturated for at least seven or fourteen days, or in chronic cases at least twenty-one days. In chronic malaria in undeveloped or scrofulous children the antiscorbutic tablets will prove to be of value when given in connection with quinine hydroferrocyanide. Each antiscorbutic tablet contains calx iodata, gr. 1-3; phytolaccin, gr. 1-3; stillingin, gr. 1-6; arsenic iodide, gr. 1-67; nuclein solution, gtts. 4. Dose one tablet three or four times a day. All persons having malaria, especially chronic malaria, should use only water which has been thoroughly boiled. A sponge-bath should be given at least once every day, consisting of epsom salt solution, made by adding one ounce of epsom salt to each pint of water used.

JOHN ALBERT BURNETT.

Auburn, Ark.

A CASE OF STRYCHNINE ADDICTION

In rereading the July number, I see an article by Dr. Blossom, of Indiana, on "Strychnine Dosage", in which he says a lady patient of his took about one-third grain of this alkaloid daily. I wish to cite a case where the maximum attained was somewhat larger. A young man about twenty years of age had severe and protracted diarrhea about six years ago. His home physician gave him morphine to control the bowels. The temporary relief proved so gratifying and the cure took so long that the patient became a morphine habitue. As a stimulant he also started in to take strychnine, though with no regularity. When he came to our hospital, or rather when he was brought for the treatment of the morphine habit by his father, he was taking as high as 17 grains of morphine daily. Strychnine he also took, having the dosage pretty well figured out. He would dissolve a grain in a four-ounce bottle and of this he took two drams, sometimes five times daily, *sometimes six times daily.*

Though he had had this pernicious drug-habit four years, his appearance did not betray it and there was no dissipated look. However, on his attempting to sit still one could notice a general restlessness and slight tremor, probably due to the strychnine.

This case took three months' treatment but I am glad to say that there has been no drug addiction, so far at least—two years having elapsed.

H. H. FRUDENFELD.

Madison, S. D.

POSTGRIPPAL NEURALGIA

On page 1152 of September CLINICAL MEDICINE is a case written up by "C. M. F." and termed "postgrippal neuralgia." I wish to suggest a correction of the diagnosis.

Note his description (on page 1153) of the pain, as follows:

"Once . . . his paroxysm of pain suddenly ceased, and when the pain came on in the daytime (which was seldom) he would scream awhile with pain, then suddenly begin to whistle as though nothing were the matter.

"The pain remained in the back only about one week, then he complained of pain very low down in the hypogastric region and for a few days there was irritability of the bladder. Thereafter, I believe, the pain localized itself in the legs, which, however, did not appear sensitive to pretty firm pressure."

Now this evidently was a case of renal colic. The course of the pain (beginning in the back, then extending to the hypogastric region and reflected to the legs) is significant. A mild paroxysm of pain would be produced by a small calculus

leaving the pelvis of the kidney and passing through the ureter.

After reaching the bladder the pain would suddenly terminate. Of course a large calculus would produce a more severe paroxysm of pain and of longer duration. And if there were several calculi in the pelvis of a kidney one or more might pass daily for an indefinite time. In one case that I treated there was a paroxysm of pain of about four hours' duration every day for seven days. In the intervals between the attacks he was entirely free from pain. There was no hematuria.

C. C. V.

——, New York.

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[This article, with the final contribution by "C. M. F." himself, may be said to close the discussion of this very interesting case. Unfortunately we are none of us much nearer an agreement as to just what it was. With all our arguments "C. M. F." is still unconvinced. If we could only have an expression from the man who actually cured the case—if he really did!

These discussions are good. We should have more of them. Every reader should from time to time tell us about his puzzling cases and ask the "family" to help. It does us all good—the editor not less than any other one of you. Now read the next article by "C. M. F."—Ed.]

"THAT CASE OF NEURALGIA" AGAIN

In the October number of Clinical Medicine I have read with interest and much profit the articles of "J. C.," of Kansas, and those of Dr. Buck, of Boston, and the editor, on my case of neuralgia, reported in the September issue of the journal.

Regarding the suggestion of hysteria, I would respectfully submit that, had I made such a diagnosis, it still would have been essential to ferret out the cause, for I cannot rid myself of the notion that there was, as the editor has said, "something very material" the matter with the boy.

This something I had almost come to believe to be malarial, for we have this year been treated to a remarkable epidemic of malarial affections, many of which were of the "masked" persuasion. But recently I have met with another case of neuralgia, very similar to the one in question, but which has thus far refused to yield to a combined eliminatory and antimalarial treatment.

Verily, deep, deep down in my heart have I asked myself the secret of my successful brother practitioner's treatment, but thus far these depths merely reverberate the question. As nearly an answer, however, as I have received from that quarter was the boy's extreme pallor on his return from a sojourn with my colleague of a few days, and this answer is—copious purgation! Truly, the doctor did not fail to use his powers of blandishment, and, not to be too vulgar, let me assure you that they are not to "be sneezed at." But then, I myself flatter myself that I can blandish some, and my combined blandishments and physic failed. Therefore, I am forced to conclude that, while this boy, who is an extremely offish and self-sufficient little chap, certainly yielded to the "soft impeachment," this must have been something not less potent than "compound purgative elixir," or "antibilious physic!"

Yes, I thought of the genital reflex, and it was on this stone of stumbling that I believe I tripped up, for inside of three days after I had cautiously suggested to the father that he keep a close watch over the boy to detect a possible habit of masturbation he took the patient to the "other fellow."

Now, it is all very well to *talk* of thoroughness in examinations, and I believe in it and practise it as far as my circumstances will permit, but right here let me ask the man who does a promiscuous practice in a country full of hills and ravines, of rocky roads and unbridged streams, to rise and tell us, if, on returning from a *morning* ride at 2 p. m. and finding a roomful of people impatiently awaiting him, with night only a few hours away, and with no skilled help at hand, he is scrupulous to employ "every test and check" in arriving at his diagnosis?

Besides, there are those whom you cannot "hold." They won't give you a chance to "cure" them—unless you will engage to accomplish it overnight. And their refuge is either the half-informed man, the "crack" diagnostician, the medical humbug, or the professional mountebank—yea, some are so incurably blind as to persist in this course until they land in the clutches of that sleek and unctuous individual—the undertaker, who at the last smilingly greets us all.

Brothers, I am glad to have come in touch with you, and I hope I may some day have the pleasure of seeing you face to face. I thank you all for your kindly interest and suggestions.

C. M. F.

——, Indiana.

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[This seems to bring the discussion to a close—and a really profitable one it was. "C. M. F." has the last word! These reports of failure are just as helpful, often, as the reports of success, particularly because they give all of us a chance to "have our say." The more interchange of opinion we can have in these columns the better for all of us. It's an open forum—yours! —Ed.]

TONSILLITIS AND ITS TREATMENT

Tonsillitis, amygdalitis or angina, as its name indicates, is an inflammation of the tonsils. The faucial tonsils are two in number, situated between the pillars of the fauces, on either side. Their structure is lymphoid in character, containing numerous crypts and follicles, very vascular in structure, and covered with squamous epithelial cells. Admitting that the tonsils have both secretory and absorbing properties makes them very important structures. They may undergo purely local pathologic changes, or they may undergo these changes due to constitutional disorders. As has been demonstrated, the tonsils when inflamed may be the entrance channel for systemic infection. When we find a patient with diseased tonsils, we often find him afflicted with some other malady, such as rheumatism or tuberculosis, and in many instances exhibiting the chain of symptoms known as the lymphatic diathesis.

Tonsillitis may be due to or associated with the gouty or uric-acid diathesis, or it may be associated with an infectious process, as seen in scarlet-fever, or it may be the extension of an inflammation from adjacent structures.

The simplest classification is that given by Bishop: (1) *Simple* or *catarrhal;* (2) *ulcerative* or *follicular;* and (3) *phlegmonous* (quinsy). Some authorities give as many as five and six varieties, which are only confusing in practice, as they are only variations of the three types given above.

Tonsillitis occurs at all ages, but it is especially common in the young. Rarely do we find it in a person past thirty. This may be explained by the fact that in the young the lymphatic structures are at the height of their development, and in the old they atrophy. Exposure to cold and wet predisposes to it, as do damp, unhygienic surroundings, and other irritants. Some families seem particularly liable to the disease, and I have noticed that it prevails in some localities with great frequency.

In the simple variety the pathological changes are those of a catarrhal inflammation; the tonsils are uniformly swollen, red, and covered with a tenacious mucus. The condition may stop at this or go on to the next variety, ulcerative tonsillitis. The tonsils continue red and swollen, and present little yellow spots on their surface. These spots are due to the deposit of serum and fibrin on the crypts, and give rise to the appearance of a false membrane. The cause of tonsillitis can not be traced to any special microbe, though it can be traced to microbic infection; we may also trace the clinical and anatomical differences to (1) whether the microbic organism affects the surface, or the deeper layers of the mucous membrane, or the adjacent cellular tissue, or (2) the virulence of the germ, and the individual's resistance.

The function of the tonsil is a subject that has never been definitely settled, yet the theory that they are placed as sentinels

to guard our bodies from the poisons that seek an entrance into our systems is as acceptable as any that is given.

Diagnosis: By a careful consideration of the clinical symptoms we can usually make a correct diagnosis. The ulcerative type is often confounded with diphtheria, and if we are in doubt we should have a search made under the microscope for the Klebs-Loeffler bacillus. Some physicians call every patch in the throat diphtheria, and while it is of course safer to call tonsillitis, diphtheria, than it would be to call diphtheria, tonsillitis, accurate diagnosis is desirable.

There is but little difficulty in telling the catarrhal from the phlegmonous form. The following points, if kept in mind, may be of some clinical value:

In *diphtheria* there is no pain, as a rule, on opening the mouth. The disease slowly reaches its height in two to five days. The membrane is of a *dark, dirty-grayish color*, first on one tonsil, then rapidly extending to the other, on to the pillars, and also to the uvula in many cases. It is very hard to remove, and then leaves a raw, bleeding surface, and when removed it rapidly re-forms. The glands of the neck are markedly swollen, toxemia is very marked, and the temperature moderately high. In many cases there is albuminuria. Klebs-Loefler bacilli are present. It is contagious.

In *ulcerative tonsillitis* it is very painful to open the mouth. The disease reaches its height in twenty-four to thirty-six hours. Yellowish white spots appear on the tonsils, but do not extend to the pillars or uvula; they are easily wiped off, this being followed by no bleeding. The glands are rarely involved. The temperature as a rule is high. Contagiousness very doubtful. The specific diphtheria germ is absent.

The symptoms of tonsillitis vary much. Usually there is a feeling of malaise and headache; often there are chilly sensations, with some stiffness of the muscles of the neck. The temperature is variable, ranging anywhere from 102° to 105° F. A moderate case will show a range of temperature from 101° to 103° F. As mentioned, there is considerable pain on opening the mouth, and also in swallowing. The voice may be impaired, especially if the vestibule of the larynx and epiglottis are involved in the inflammatory process. The glands of the neck in tonsillitis are never involved to the extent that they are in diphtheria.

The prognosis of tonsillitis is good, but there are likely to be many recurrences. From obstruction and cutting off of the blood supply of the tonsils, abscess formation may take place and we have phlegmonous tonsillitis, or quinsy. The symptoms in this form are further intensified. The tonsils are so much swollen that they may almost meet. It is most painful or impossible to open the mouth. The pain is of a throbbing character; the tongue is heavily coated, and the breath very offensive. The patient is constantly trying to clear the throat of secretions and the swallowing of anything other than liquids is impossible; often these are regurgitated, causing some strangulation; as a result these patients often become very weak and emaciated. Being unable to open their mouths, it is very hard to get a good view of the tonsillar structures, but by a little perseverance we can usually locate the abscess.

The picture of this trouble in a well-marked case is such that once seen it is never forgotten. Very alarming symptoms may develop, such as great dyspnea and rapid and weak heart action. In this condition not only the tonsils but the peritonsillar tissues are involved. Quinsy may start as a primary affection or it may be secondary to either of the other varieties. The prognosis is good, even in very grave cases. Suffocation during sleep or even ulceration of the carotid artery are regarded as extremely rare. This affection is generally met with in adults. I have never seen but one case of quinsy in a young child, and in this case the abscess fortunately ruptured while making the examination.

The treatment of a case of quinsy in the beginning is about the same as in tonsillitis,

with the exception that there is pus in the peritonsillar space and that a free incision is required to evacuate the contents. A stab at the side of the tonsil is somewhat cowardly, and is apt to be futile. The point of election for making the incision is at the superior part of the anterior pillar, and deep enough to reach the pus cavity. And it is well to widen the incision by inserting a pair of blunt scissors and separating the blades. Prompt relief follows this method.

The treatment of any form of tonsillitis should begin with the thorough cleaning out of the intestinal canal, a fact of which the readers of this journal needs no reminding. Calomel and soda in 1-6 grain doses for six doses at half-hour intervals, followed by a saline, are generally sufficient. For the fever and rapid heart-action aconitine in small repeated doses acts admirably and is given to effect. The tonsillitis tablet, with aconitine and biniodide of mercury, is very convenient and effective. Many of these cases are associated with the rheumatic diathesis, and call for the salicylates or aspirin. Cold applications internally, as gargles or sucking of cracked ice, and externally cold compresses or the ice bag, are useful. Pure guaiacol applied to the tonsils on an applicator is credited with aborting an attack; it is applied thrice, at three-hour intervals. Also, silver nitrate is said to prevent the attacks. But we seldom see a case until it has already developed.

The patient should be confined to bed and kept on a light, nutritious diet. The much-used iron and potassium chlorate mixture is one that I have never found much use for, as it has the objection of being unpalatable and injurious to the enamel of the teeth. A more pleasant and efficient local application consists of equal parts of hydrogen peroxide, witch-hazel water and cinnamon water, to which you may add a small quantity of carbolic or boric acid. Dobell's solution is one that I am partial to; either of these solutions can be used as a spray or gargle.

Another local application, that Abraham of the N. Y. Polyclinic claims is very useful, is the following: Formalin, min. 20; potassium chlorate, dr. 1; sol. iron chloride, dr. 1; peppermint water, q. s. ad oz. 4. Sig.: Use as a spray. A combination I often apply in the beginning of an attack consists of equal parts of tincture of iodine, carbolic acid and glycerin. I swab this over the tonsils at each visit, and follow with one of the above solutions.

The ultimate outcome of any case of tonsillitis is good, but there will be recurrences, and this fact, along with the diseased condition and hypertrophy, makes an operation for their removal clearly indicated. We should ever be careful not to confuse a case of diphtheria with tonsillitis, and mindful lest we have the throat symptoms of scarlet-fever. The function of the tonsils is a debatable one, and very interesting is the part it plays in the production of disease. In many cases of rheumatism I have found the tonsils diseased, and the patient giving a history of repeated attacks of tonsillitis.

C. F. Mahood.

Alderson, W. Va.

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[We heartily agree with Dr. Mahood in his low estimate of potassium chlorate. In fact, we ceased to use this drug many years ago, when a physician of Philadelphia, treating the only child of one of our colleagues with a saturated solution of potassium chlorate, had the misfortune of having the child die of suppression of urine from the effects of this drug.

Calcium sulphide, if given in small and very frequently repeated doses, will almost always stop suppuration if it has not already occurred; and if it has already supervened will bring the abscess to a head much quicker than if it is not given. This is one of the best internal remedies for tonsillitis that can be given. Many other remedies have been advanced from time to time as being capable of aborting crescent tonsillar inflammation. One of the oldest of these was the well-known quinsy ball, which is composed largely of potassium nitrate. Another is sodium salicylate, which Hare has specially commended. Guaiacum

is a still older one, but we believe is not now used.

The writer has had some success when a strong solution of chlorine was applied to the tonsils quite frequently indeed in the very early stages of the affection. Recently a number have spoken highly of the application of nuclein solution, from five to ten drops being deposited on the affected tonsil by a medicine dropper, every two or three hours. The writer has tried it in some cases and is bound to say that the results were excellent. Full doses of quinine by the stomach, and pilocarpine in full dose hypodermically, have also been praised. We believe that any of these remedies will prove effectual if used early. If pus is formed, however, the sooner it is evacuated the better. If the swelling is so great as to endanger suffocation a good deal of relief is obtained by the use of ice-cream or small pieces of ice, as well as from the cold compress applied externally to the neck.—Ed.]

FROM A MEXICAN FRIEND OF CLINICAL MEDICINE

I subscribed for Clinical Medicine in May, I think, and I have liked every number. It meets the needs of the day better than any other journal that I know, and I like the thing it stands for. I have waited to try the remedies in the 9-vial case before writing and now I don't know just where to begin—but at the beginning is as good as anywhere. That was when I gave the triple arsenates to my little girl, ten years of age. She was growing pale and thin and could eat nothing to speak of and any exertion caused weakness and palpitation and anemia. I had no nuclein, but gave the arsenates three times a day. There was improvement right away and before the bottle was empty she was ready for three hearty meals every day—and some between.

Next I had a case of "slow fever"—typhoid with variations. (I think that ought to cover it.) We have lots of it "hereabout" and many doctors say it can not be aborted, so they let it run its course, a course too often marked by a slab at its ending. During the five years that I have been here they have never aborted a single case. But to return to my case.

I was called during the first twenty-four hours of the fever. The patient was a very fleshy man of thirty. I suspected typhoid, as he had been helping to nurse a case which had run a course of twelve weeks. I gave calomel, three of the 1-6 grain granules every half hour till six doses had been taken, then after four hours saline laxative, followed by the intestinal-antiseptic (sulphocarbolates) tablets, two every four hours. Aconitine and veratrum viride were given in alternation to control the fever, which was severe. On the fourth day the temperature reached 104.6° F.; there was iliac tenderness, gas distension with pain. The pain in the head was so severe he feared to move it. I gave glonoin instead of the aconitine and veratrum till the symptoms changed, then gelseminine and baptisia in alternation every hour. Baptisia is "my steady" in typhoid. I give it clear through the disease and I find gelseminine or hyoscine all that is needed to control restlessness. I have never given a dose of morphine in typhoid fever, though it is given all the time by the physicians here about.

Calomel was repeated every thirty-six hours, though in smaller dosage than at the beginning. Constant sponging over the spinal column and extremities kept the fever down so it never reached 102° F. after the fourth day. After the eighth day there was a gradual decline in the range of temperature, until the fourteenth, when it was normal.

I allowed soups, milk and coffee and, after the eighth day, ice-cream. He had watermelon all along the route, the pulp not being swallowed. Elimination was poor, as one would expect, so the calomel and saline laxative were kept busy. Of course "the-run-its-course" and "self-limited" men claim this was not typhoid, but I think it was as near a typical case as I ever found in this part of the world.

I suppose I am a "cross-roads" doctor; not that I am fishing for any of the nice things said about them by A. C. P. in the October number. I only hope I am not one of the "back numbers" he mentions. I am one of the intermediates (shall I say it) who try to keep in sight of the dust raised by the city doctor's rig as he drives back with the fat fee I try not to think enviously of. I've had some of the troubles that naturally fall to the lot of the country doctor, and I sometimes get into a place where those silk-hatted gentry have to help me out; then I am disgusted, for few doctors in this part of the world give a woman credit for being more than a "midwife," and to those who, like me, are to a great extent alone, CLINICAL MEDICINE comes as a brace and a tonic.

In most cases where a "balancer" is needed, I give cactus, seldom digitalis.

Those who have not tried hydrogen peroxide in earache and noises in the head in old people, will find that a strong solution will help a few, and often give instant relief. A few syringefuls will clean out the ear, and if not effectual in stopping the pain will at least make it ready to take up other remedies which may be needed. It should be used first, whatever may follow. A few doses of belladonna will generally suffice. A few drops of glycerin in a teaspoonful of sterile water (which the doctor should always have with him), warmed in a spoon over the lamp and poured into the child's ear, often quiets when no one can tell what is the matter with baby.

Thuja given in small doses, three to five days apart, will destroy "seedwarts." They will become sponge-like and disappear.

I want to know what to do for a case of stammering following scarlet-fever. The child was five years old when she had a slight attack of scarlet-fever, but one morning she woke unable to articulate and for six years the trouble has remained. Sometimes it is not noticeable, at others distressing. Anything that makes her nervous increases it, either anger or embarrassment. I wish some of the many readers of CLINICAL MEDICINE would help me with suggestions.

Well, this is a long letter with little that is new, I fear. If you think it worth publishing I will try to tell you some of the queer things in the medicine line I meet in my practice in Mexico.

M. GRANTHAM.

Llano, Mex.

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[This new friend from "Old Mexico" is made heartily welcome, and the story of her early successes with active-principle medication and the "new" therapeutic ideas which go with it should be (and we are sure will be) an encouragement to other of the late additions to the CLINIC "family" to bring in their share for discussion in the monthly forum. And we want to repeat here, that we *want* things discussed. That's the best way we know of to really get to the bottom of things—to bring out new ideas and the helpful "kinks" which every doctor develops to a greater or less extent in his own practice.

Dr. Grantham gives us something to think about—a number of things. We shall all be glad to hear farther from her, both as regards her added experiences with that 9-vial case (which, we imagine, will soon grow into one several times as large), but also about those "queer things in the medical line" which abound south of the Rio Grande.—ED.]

THUJA FOR COUGHS

In the September number of CLINICAL MEDICINE I note the article under the caption "Thuja for Hemorrhoids." I desire to state that thuja (arbor vitæ) was used in a saturated tincture of the twigs by my preceptor forty years ago as a remedy for tubercular and bronchial coughs. In teaspoonful doses the tincture proved to be quite a palliative remedy for persistent bronchial coughs. G. D. STANTON.

Stonington, Conn.

ANOTHER DOCTOR'S HOME

Dr. S. M. Hubbard, one of our good Texas friends, writes us from Kenedy that

he could not get along without CLINICAL MEDICINE and "the little pills." He says: "I have a good alkaloidal library. I send you under another cover a photograph of my residence. I located here in 1902, flat broke. The photo will show you the success I have had with the alkaloids. My residence is the nicest in town. I wish you success 'up to your eyes.'"

We congratulate the doctor on his beautiful home, and we are glad to know that the alkaloids helped to make it. They have contributed vastly to the success of thousands of men. We also congratulate the doctor on his family from the old father and mother and the faithful wife down to the youngest youngster. Texas is a grand state and filled with grand men. We know, for we count many of them among our friends.

Where a Texas Friend of CLINICAL MEDICINE Lives

BEE-STINGS AND THEIR POSSIBILITIES

I note your reference to bee-stings. Having had some experience with bees, let me note the following:

Fluid extract of ipecac is the antidote for bee-stings. Remove the sting and apply it locally—thoroughly. If done at once the pain is quickly relieved and the swelling prevented.

Where rheumatism of the chronic type is persistent, let the patient be stung from time to time by a bee. Here the antidote must not be applied. If the effect is considerable at the first sting it will probably become less with each sting until the patient is almost or quite immune, when the rheumatic symptoms will improve. In quite a large percentage of cases it will prove curative.

"The proof of the pudding is in the eating." Let the brethren try both of these suggestions and report results. I have proved to my satisfaction the efficacy of both the antidote and the cure.

FORDYCE GRINNELL.

Pasadena, Cal.

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[The hint that fluid extract of ipecac is curative for bee-stings is worthy of trial. Regarding the bee-stings as a "cure" for rheumatism, we remember that a few years ago considerable newspaper notoriety was given to this peculiar method of treating rheumatism, and something was said about it in the medical journals. "Bee-sting" (apis mellifica) is a favorite remedy with the homeopaths and undoubtedly has marked remedial powers which we of the regular school have neglected to investigate. The

hypodermic administration of this remedy —by the bee—seems rather unnecessarily painful and heroic. The same ends can be attained with much greater certainty and comfort to the patient and doctor in a simpler way. However, we hope the brethren will experiment with this remedy. It is an interesting fact that bee-poison (as well as ant-poison) is rich in formic acid—which is now known to be a really valuable remedy. There was a time when this substance was official in Germany as "spiritus formicarum"—made by shaking up ants in a bottle with a little alcohol.

To us the treatment of rheumatism resolves itself into thorough elimination both through the bowels and intestinal tract, the use of intestinal antiseptics to prevent toxic absorption from the intestinal canal, and the administration of antirheumatics like colchicine, and alkalis like calcalith. As an eliminant we find nothing which is superior to salithia, which combines the best of saline laxatives, magnesium sulphate, with the alkaline lithium carbonate, and the powerful antirheumatic agent, colchicine.—Ed.]

ANOTHER GOOD OPENING

We have just heard of another good opening in Iowa. The doctor in a small country place has died, and this is an excellent opportunity for a young man to step right into a good practice. This is an excellent farming country where collections are good and the cost of living cheap. Write us, if interested, and we will tell you all about it.

"I CAN OR CAN'T"—WHICH?

A friend asked me not long ago, what I meant by "Oslerism." I told him Osler's theory regarding the treatment of certain diseases, but on more recent reflection I have tried to formulate a definition which I herewith submit to your readers for their criticism and correction.

When a man says he cannot do a certain thing and implies by his *ipse dixit* that it is final, and that no one else need try because *he* has failed, that, in my opinion, is Oslerism unadulterated. Osler says pneumonia cannot be jugulated; perhaps for the reason that he has never been able to do it. Without being considered egotistic I will say that I have shortened the inflammatory stage of this disease from four to six days, and upon reading Clinical Medicine I find that I am not the only one who has done this, by several hundred. This is one of the diseases which, according to Osler, must run its course. If the physician cannot shorten the course by taking out the curves he would better quit and let some one take hold that can. To summarize: The difference between Oslerism and common-sense is, "I can't, and I can."

Here is a general rule for the medical optimist: Always be able to tell yourself *why* you administer a remedy. Here is my rule in treating pneumonia: Set all the secretions and excretions to work; then relieve the congestion and support the vital forces. The first is accomplished by the Abbott method of "cleaning out;" the second by dilating the capillaries, and the third by supporting the circulatory and nervous systems. Four days is the usual time in which this may be done, if the physician is called in time, Osler to the contrary notwithstanding.

Brothers, try this method: Clean out the alimentary canal and keep it clean; use aconitine amorphous, one granule every ten to thirty minutes to effect, then often enough to hold the effect; give hyoscyamine, gr. 1-250, and strychnine arsenate, gr. 1-134 every thirty minutes and note how quickly the hepatization will disappear. Keep the chest wrapped in something impervious to the air but let there be a free circulation of air in the room. Use no expectorants. These are my general rules; but as each case is to be treated according to individual indications, other conditions will have to be met as they arise. Try the method described above for the relief of congestion, if you have never tried it in any case, and you will be agreeably surprised.

Brethren, write more of your experience. I receive wonderful help from your suggestions.

D. L.

——, Illinois.

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[No man can tell what he can do till he tries. No man, therefore, has any right to dole out unstinting condemnation of any method of treatment until he has tested it for himself. This blind subserviency to pessimistic precedent is the greatest bar to therapeutic progress. Let every man of common sense do his own thinking. And as regards the success or failure inherent in the alkaloidal method of treating pneumonia, we ask this only: Try it!

The suggestion of D. L. for the relief of the congestive stage of pneumonia is based upon the right principle, exactly the same one for which we stand in our advocacy of the dosimetric trinity and the defervescent compound, the former in the sthenic and the latter in the asthenic cases. And the "clean-out" idea is another principle which is fundamental. One reason why some fail is because they overlook this—or go to work half-heartedly.

Brethren, be optimists! Get away from the "I can't" of Oslerism. Hustle right over and join D. L. and the rest of us among the "I can's."—Ed.]

THAT DEATH REPORT FROM H-M-C TABLETS

In reference to the above case, from an experience I had in one instance, I am led to believe the cause of death was due simply to strangulation. Had the nurse raised the angle of the jaw, as required at times during any anesthesia, I don't think a fatal issue would have been registered against the tablets.

I have used the H-M-C's in all abdominal surgery during the past year with the happiest results, but never exceeded more than two tablets. I always instruct the nurse to observe carefully the breathing, and to raise the angle of the jaw, in the event of difficulty. In one instance I was present three hours after the operation and observed a cyanosed condition and stoppage of respiration. I immediately raised the jaw, which was followed by deep inspiration. Then I changed the posture of the patient from her back to the side, and natural sleep continued for two or three hours with no recurrence.

I felt quite satisfied death would have occurred in this case, as the patient was not a good subject for any anesthetic, and she absolutely refused to undergo operation with chloroform or ether.

I find it very advisable to instruct patients to court sleep and repose after injection, as in my early work a patient of 66 years, after two tablets, was quite awake when placed on the table and required an unusual amount of chloroform to produce sufficient anesthesia. On two occasions the nurse reported it was necessary to raise the angle of the jaw in consequence of obstruction to breathing. I had occasion to operate on the same patient two weeks ago. She absolutely refused chloroform and ether and stated that she was quite sure the reason the former injections were not successful was from the fact that she fought sleep from the first, but now she was not afraid and would court sleep.

Result: only one tablet was administered and an hour later the patient was placed on the table in sound sleep. Thirty minims of chloroform were administered, to be certain of quiet. She had no recollection of anything and a natural sleep of four hours followed.

Holford Walker.

Toronto, Canada.

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[It is upon just such letters as this that we base our views—and our enthusiasm—concerning this remarkable anesthetic. I think you are right concerning Van Meter's case, and your opinion is certainly borne out by your own experience. In the hands of a less competent and careful man *your* case might easily have been cited as "another death from H-M-C!"

Recurring to the Van Meter case, we just want to ask the question, whether it was

altogether fair in him to take a moribund patient, use an anesthetic he had never previously employed and did not believe in (considering it "too dangerous"), leave the administration in the hands of a nurse who had never used the anesthetic before, with the simple instructions to give three tablets one after the other, no physician being on hand at the time, then after the operation to go away, leaving the patient in the hands of the same nurse, again no physician at hand, and with (we assume) no instructions which would enable her to recognize an emergency such as Dr. Walker describes, and after all this to ascribe the death to the H-M-C?

Dr. Walker's advice, to instruct patients to court sleep, is something that we have again and again emphasized, but which in spite of all some men persist in neglecting. Again and again we get reports, showing that the anesthetic is being given to patients, erect, standing, walking around —in all sorts of places, shapes and conditions. Ideal results can not be expected when the combination is thus carelessly used. *The patient must be kept absolutely quiet* and, as Dr. Walker says, urged "to court sleep." The case he reports is exceedingly suggestive.

Properly used, this remedy is a marvelous one. Use it right, Brethren, and you will be just as enthusiastic about it as we ourselves are.—Ed.]

DEATHS FROM ANESTHETICS

A few statements and a few vital queries. Things are getting interesting. Lest we forget, let us look about us and let us think a bit:

In Penn Yan, N. Y., October 9, a lady died in the dentist's chair while chloroform was being administered by a physician.

In Bay City, Oct. 20, a boy died from the effects of chloroform administered for the operation of removal of the tonsils.

If you think such occurrences are exceptional, subscribe to a press-clippings bureau and you will be enlightened. Of course only a small proportion of such accidents get into the newspapers. Very many more, however, appear than are recorded in the medical journals. In the very nature of things the record of such matters will always be incomplete. No man cares to record his failures. Physicians are always sensitive upon this subject, even though they have done the best they could under the circumstances and no blame would be attached to them in the minds of those who judge fairly.

We are not decrying chloroform. We have used it all our lives, the writer having relied upon it almost to the exclusion of ether for many years during an active practice in which he never had an accident or a death from it. But the question of an anesthetic is not to be decided from the experience of one man or even of a group of men; no, not even of the experience of the skilled anesthetizer, any more than the merits of any other remedy could be judged fairly by the experience of the man who introduces it, and who has consummate skill in its application.

The question is as to the value of a remedy, its true place, its dangers and its usefulness, when placed in the hands of the entire medical profession; every member of which has an equal right to its use so long as he is in practice. If this is borne in mind the comparisons will be fairer.

It will be noticed that the newspaper clippings generally refer to chloroform as being the agent from which death is most likely to occur during administration. We reiterate our belief, however, that ether is really more dangerous than chloroform. The difference is that death is less likely to occur during the operation, but subsequently from inhalation-pneumonia or nephritis. If these cases were fairly reported, the comparison would be far less favorable to ether than it usually is.

The use of the new hyoscine, morphine and cactin compound is commencing with the masses of the profession, not with the skilled anesthetizers. We would therefore expect that many more deaths would be reported from it in a given time than from chloroform and ether, but such is not the

case. You must remember that for more than half a century ether and chloroform have been studied, and their technic perfected. The limits of their application have been determined by the occurrence of numerous fatalities, which serve as danger signals to prevent other trials in those directions.

All this has yet to be done with the H-M-C. We must learn its applications, technic, limitations, and the learning must necessarily involve a peril far beyond that which will accrue to its use when this work has been perfected. Besides this, the new anesthetic is being assailed with all the venomous animosity which is certain to be shown by many influential members of the profession, if not by the profession as a mass, when any really valuable discovery is placed before it; the desire to arrogate all honor to self, whether stolen or otherwise, and the inclination to deny the source to others being the strong characteristics of many evanescent weaklings in the ranks of socalled authority—but it all comes out right in the end. Under the circumstance it is significant that not a single death from the new anesthetic has yet appeared in the public press, and but one very doubtful one in the medical periodicals. Writing relative to this, and decrying the obstructioning and untenable position of those who would sidetrack the truth, Dr. Chas. Dansereau, Woodstock, R. I., says: "Don't mind one death from the use of H-M-C; chloroform and ether have many deaths to their debit record. H-M-C is all right," and another, in closing a letter decrying the attacks on this wonder-worker in the *J. A. M. A.* and characterizing them "too obviously loud in envy, jealousy and prejudice to be given credence, a fact which robs them of all real force" says: "I wish to say that I have used the combination of hyoscine, morphine and cactin extensively in surgery and in the relief of pain in nephritic and hepatic colics, also in obstetrical work. I read a paper on this subject one year ago before our county society. There are a great many things that Dr. Simmons, editor of *The Journal of the A. M. A.*, does not know and understand. I am far more afraid of chloroform and ether that I have used for years than I now am of H-M-C. I have nothing but good results." Along the lines of the above note we print below the expressed opinions from our late mails, every writer being a man of high standing in his profession and usually a member of the *A. M. A.*

DEAR DOCTOR ABBOTT:

In reply to yours of the 28th. H-M-C is simply a wonder. I look upon it now as an old friend. It has never failed me. I have used it in more than fifty confinements, five or six threatened abortions and several surgical operations.

In obstetrics I use small doses (one-half tablet) commencing late in the first stage, repeating every hour to effect, seldom using more than one and one-half tablets, on rare occasions two and one-half tablets. I find no two patients respond exactly alike to the same quantity in its administration, so it is difficult to lay down a rule. The only rule is to know your patient and know the action you should get from the drug.

E. E. FLAGG.

Mooreland, Okla.

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DEAR DOCTOR ABBOTT:

Yours of the 5th inst. at hand and I note what you say in reference to the use of hyoscine, morphine and cactin. I wish to say that I have used the combination extensively in surgery and in the relief of pain in nephritic colic, hepatic colic, and obstetrical work. I read a paper one year ago before our county society, and it was published in THE AMERICAN JOURNAL OF CLINICAL MEDICINE, December number, 1906, page 1540. Please look it up and read it. There are a great many things that Dr. Simmons, editor of *The Journal of the A. M. A.* does not know and understand. I am far more afraid of chloroform and ether and I have used the former ten to twenty times oftener than I have H-M-C. I shall at some future time give another paper, but not just now. I have nothing but good results to publish for H-M-C anesthesia.

TINSLEY BROWN.

Hamilton, Mo.

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DEAR DOCTOR ABBOTT:

Since writing you in April I have used H-M-C in about fifty cases, surgical and obstetrical. I can only reiterate the advantages it possesses in surgical work; quite the only production of anesthesia characterized by all absence of excitement, absence of shock from initial incision, complete freedom from vomiting, and, greatest boon of all, postoperative comfort. I have been operated upon myself twice, once with chloroform, and oh! what a difference! The first time I was horribly sick for two days, vomiting, retching, ready to die for nausea; the second, comfortable, sleepy, no nausea, hungry.

In obstetrical work it is of incalculable value to me. In my practice the doctor has to do everything, attend to anesthesia, fetus and woman. I used to have confinements where I had to drop

cloroform on a towel over a woman's face, hurriedly raise my hands and attend to a distending perineum, then back to chloroform, etc., ad infinitum. Now it is a delight. The woman dozes comfortably, moves when told to do so, does not complain of pain, the parts seem to relax better, and best of all, I have two nice clean hands and nothing for them to do but to attend to the labor. A few nights ago I had a case where unfortunately the perineum was torn by an eleven-pound baby. As the woman was dozing after the placenta was expelled, I began tentatively to sew up the perineum without any chloroform and found that I could complete the operation while the woman was under the influence of that solitary tablet I had given her two hours before.

CHAS. GAVILLER.

Grand Valley, Ont.

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DEAR DOCTOR ABBOTT:

My experience with the H-M-C anesthetic has been extremely satisfactory.

One of the numerous cases in which I have used it was last June a lady 92 years old, who was taken suddenly with an obstruction of the liver supposed to be an abscess, with no history whatever of gallstones; but as death was imminent within a few hours it was deemed wise to resort to an operation and I used a hypodermic injection of one tablet of the H-M-C anesthetic and in two hours repeated the same dose, and a half hour later made an incision and found instead of an abscess a filled gall-bladder and removed from it 46 gallstones, the three largest ones being three-fourths of an inch in diameter and the others being the size of an ordinary beechnut, 9 of these smaller ones being empacted in the common duct.

In two hours after the operation the patient awoke and asked if we were not going to perform the operation. This case went on to a complete recovery with no bad symptoms.

I only mention this case because of the age of the patient and the complete anesthesia which was obtained solely from the use of the H-M-C anesthetic. I have used the same with a great number of cases both in abdominal operations as well as obstetric work and have without an exception had the most pleasing results.

H. W. PYLE.

Oberlin, O.

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This preparation is wide-open, non-secret, and though it has been before the profession but one short year, now has over fifteen thousand users of record and how many more no one knows. Writing of the Van Meter case one formerly in the service of the nation has this to say:

DEAR DOCTOR ABBOTT:

I was somewhat interested in Dr. Van Meter's case as set forth in November CLINICAL MEDICINE.

I know Dr. Van Meter personally and know him to be a surgeon of ability and I do not believe he should condemn the anesthetic, used in the way this was used, and with such a patient. The doctor and I were army surgeons stationed at the First Reserve Hospital, Manila, P. I., seven years ago, and I can vouch for his surgical skill, but I can vouch for the H-M-C too, for I am using it ten times where I am using other anesthetics once.

In the first place, whisky drinkers will not stand up well under the H-M-C—or any other anesthetic either; and, in the second place, no patient will do well under an overdose. I have only graduate nurses in my hospital and they always give the first two doses of H-M-C, but in no case the third; I give that myself if I find it necessary, which is usual in most cases.

With all respect to my old friend Van Meter, I must say he did not use care in this case before and after operation, but with the usual anesthetics the operating surgeon does not interest himself—others, in a hospital, competent, are given this responsibility. Dr. Center was the man to attend his own patient this time, for an anesthetic unfamiliar to the others (and upon his recommendation) was to be used, and knowing the history he should have been with the man from a stage of complete relaxation until deemed out of danger.

I fail to see wherein Dr. Van Meter is in any position to criticise the H-M-C as this case was in truth a "bad risk," to say nothing of careless care before and after operation. When I have a patient after operation with a respiration of ten, even with some cyanosis, I think him a "good risk" although drunkards can never be depended upon to behave like other patients.

My curiosity asks if this man did not have alcoholic gastritis to some extent along with which goes functional disturbance of the heart, the latter organ often giving up the fight at the eleventh hour.

L. W. LORD,
Late A. A. Surgeon, U. S. A.

West Ossipee, N. H.

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And here is another from a good conservative man who thinks with us that there is a place for every honest uplift movement intended for the good of the profession—one who can see no sense in all this futile and foolish opposition—and we most heartily concur.

DEAR DOCTOR ABBOTT:

Since becoming interested in alkaloids I find that I am becoming somewhat jealous of their reputation and apparently somewhat sensitive to attacks that are made upon them and the users of them. No doubt you saw in the Aug. 3 number of *The Journal of the American Medical Association*, on page 416, an article by Dr. B. F. Van Meter, of Lexington, Ky., that the death of the patient described is ascribed to the use of, or the result of, using the H-M-C anesthesic tablets.

Also in the Aug. 17 number of the same journal, on page 617, under the heading of "Queries" a reference is made to cactin being a proprietary article put out by The Abbott Alkaloidal Company. Also, it is unequivocally stated in the same article that hyoscine and scopolamine are identically the same and in fact at divers times and places in this same journal there are various allusions of a sarcastic or belittling nature made in reference to alkaloidal goods and alkaloidal methods. Now

I read *The A. M. A. Journal* and *try* to look on it and its utterances, especially those of its editor, as being about the correct thing. I also read THE AMERICAN JOURNAL OF CLINICAL MEDICINE and try to think that it is about IT. I am very ready to admit that I have received very substantial aid and assistance from both journals as well as others that I take and read. If they are both what their admirers think they are, each has its distinctive field in which to work and surely there is no occasion for any unpleasant references either way. In fact they each ought to be big enough and broad enough and charitable enough to avoid anything of this nature. This is not intended for publication—that is not in my mind at all—I simply wish to call your attention to the fact that such things are noticed even out here in the country.

It is really astonishing how little we have received from the field that even savors of endorsing this persecution, but for the other side it has been a flood.

This is in no sense retaliation but just statement of fact, made absolutely essential by promulgation of error. The profession is entitled to know the truth. Our work is an effort to uplift the profession and there is no reason why it should not be recognized and our strength allowed to go to the support of the great Association of which we are proud to be members. It has been freely offered, it belongs to the profession and is for them. It will continue to be so used and, after all, in the final analysis the American doctor will take care of these things. As a unit he may at times be critical; as a whole, barring the now and then black sheep that's liable to be in every flock, he is strictly on the square.

W. C. ABBOTT.

Chicago, Ill.

SOME H-M-C CORRESPONDENCE

July 11, 1907.

DEAR DOCTOR ABBOTT:

With the H-M-C I did a Leopold uterine suspension and, well—I am another convert. 'Nuff said. No more enemies of Abbott's need talk. I have been a therapeutic nihilist, but I am "down and out" and will be good henceforth. Cannot tell you all, am in a terrific hurry. But put it down to me that no advancement has ever affected me like the H-M-C, the greatest ever.

J. H. MORROWAY.

Ridgeway, Mo.

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Sept. 17, 1907.

MY DEAR DOCTOR MORROWAY:

I write to inquire if you are continuing to use H-M-C. This in furtherance of our correspondence of some weeks since in which you spoke of using it with such excellent satisfaction.

W. C. ABBOTT.

Chicago, Ill.

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Sept. 19, 1907.

DEAR DOCTOR ABBOTT:

I still use H-M-C and *shall* do so, as I find it the best and most suitable anesthetic at my command. In spite of the recent report in the June *J. A. M. A.* my faith in it is unshaken. It is unfortunate that such reports should be rendered, but I think Van Meter's technic was out of the ordinary—the time between the last two doses too long.

In cases in which I have used it nothing else would have sufficed; besides, I am a hard-headed Missourian, but once "shown"—it is enough. I am now considering its use in three cases of ovariotomy and appendectomy, and they also are cases that exclude all other anesthetics. In fact I am now afraid of the others.

In the case previously mentioned the patient's chest was 12 inches deep, her sternum five inches long, and the circumference of chest 48 inches. Had you filled that volume of lung with ether or chloroform—well—but she's alive today. It is not my style to jolly.

J. H. MORROWAY.

Ridgeway, Mo.

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Sept. 26, 1907.

MY DEAR DOCTOR MORROWAY:

I want to ask you if I may use the correspondence with which you have favored me on the H-M-C question? While it is not in formal shape its informality and genuineness are just what will be appreciated by our readers.

W. C. ABBOTT.

Chicago, Ill.

—

Sept. 27, 1907.

DEAR DOCTOR ABBOTT:

You may do as you like as to publication. I am too busy to put my experiences into conventional form. One more word regarding the case first described. She went under the anesthetic most beautifully, notwithstanding that she did everything in her power to keep awake, that she might be able to say, "That's one time I got ahead of you, Doctor." You know the type. I did not use suggestion, being one of the most uncommunicative individuals you ever knew.

J. H. MORROWAY.

Ridgeway, Mo.

The above is a type of hundreds and thousands of letters we are constantly receiving from practicians all over the United States. We defy any fair-minded intelligent physician to take up the reports which come to us from such men as Dr. Morroway, sterling clinicians, the backbone of the profession, and then come to any other conclusions than we do as to the merits of the hyoscine, morphine and cactin combination in anesthesia and for the relief of pain.

You may believe, if you can, that we are possessed by a diabolical desire to decimate the American people, by preaching the use of an agent which is so deadly that nothing but downright insanity would explain its advocacy. Do you think we are so absolutely regardless of our own reputation that we would permit ourselves to advocate an ineffective and perilous remedy when better ones are at our disposal? The men who may believe us capable of doing this are not to be reasoned with at all, and we may as well dismiss them from any consideration.

Our veiws on this matter are formed, not on *a priori* grounds, not on a few reports made of the preliminary trials of a remedy when it had not been elaborated in a state of purity, and when the technic of its administration was unsettled, but from the reports resulting from trials made by the bulk of the profession, who have taken up already nearly three millions of these tablets. Our readers may each judge for himself who is more likely to be correct.

Were the room at our disposal we could give you scores—yes, hundreds—of reports like this, practically all from enthusiasts *now*, though at first many of them were "doubting Thomases." Doesn't this mean something?

THE CLINICAL MEDICINE POST-GRADUATE SCHOOL OF THERAPEUTICS

This course is something we have long had in mind, but the difficulty has been to work out the details in such a way as to get something that would be really practical, not weighted down with kill-joy heaviness and headiness that would render it impracticable and as inert as the average shelf-worn galenic. Our first plan was for a postgraduate course here in Ravenswood. We haven't given up this idea and sometime we hope to embody it into the course we are now outlining. This course, in order to do "the greatest good to the greatest number," will be given entirely by correspondence and the lessons will appear from month to month in the columns of Clinical Medicine.

The course we are planning is a broad one. We want to give you a wide outlook upon the field of therapeutics, so we shall embody in it everything which is likely to be of practical helpfulness.

It is to be practical. We want it to be within the reach of every reader; therefore we shall not attempt to present the erudite classifications and severely scientific technicalities which are likely to cause confusion in the mind of the student and obscure the distinctively practical points which appeal to us as of paramount importance.

The method will be inductive—that is, we propose to commence with the simpler facts and from these lead on to the more important ones, emphasizing strongly those of the most importance, and repeating and reviewing from time to time, so as to fix in the mind the things which must be remembered.

The work is to be divided into two parts:

The first, which can be covered in six months, probably, will be introductory, giving essential definitions, a description of agents used in medicines, explanation of the meaning of official remedies, general principles of the actions of medicines, how to administer them, with careful detail as to methods and the general indications for the use of remedies.

The second will be a study of remedies, based upon their action. The basis for classification will be our "Therapeutic Principles" (elimination, innervation, circulatory equilibrium, asepsis—local and general, nutritional balance). These will be emphasized and brought in again and again till they are like "A. B. C."—and every remedial measure will be studied if possible under one of these heads. First will come "elimination." Therefore, first we shall study, say, cathartics. Then we shall take up kidney and bladder remedies; then, remedies acting on the skin. Under each head we shall study not drugs only but the socalled physical agents, such as electricity, hydrotherapy, massage, etc. The remedies governing "innervation," "circulatory equilibrium," etc., will be handled in exactly the same way.

Now as to the method of study: Every student will be expected to go through each lesson carefully. At the close of each lesson there will be printed a number of questions which he will be expected to answer and send in. Following these will be some "research questions," referring to other books or journals for further study. After each lesson we shall give space to questions, comments and discussions on the part of the student, this giving opportunity for the presentation of some most interesting matter and to bring out therapeutic points. Under this head we shall also provide for "Clinical Applications," this to be brief descriptions of cases to illustrate exactly the facts learned.

To every man who completes this course, evidenced by his answering the questions, we shall send a certificate suitable for framing.

The Director of the school will be Dr. George F. Butler, the well-known author of Butler's "Materia Medica," also head professor of therapeutics in the Chicago College of Medicine and Surgery, and former professor of therapeutics in the College of Physicians and Surgeons, Chicago. Dr. Butler is one of the best teachers in the country, a trained literary man, formerly editor of *The Medical Standard* and later of *How to Live*, and we can think of no one more competent to take charge of this work than he.

He will be assisted by an able corps of gentlemen, including Dr. Reynold Webb Wilcox, professor in the Post-Graduate School of New York City, and author of well-known works on therapeutics and on the treatment of disease, and by Dr. Otto Juettner, professor of practice in the Cincinnati Post-Graduate School of Physiological Therapeutics. Also, Dr. Wm. F. Waugh and Dr. A. S. Burdick of the CLINIC staff will take part in the instruction of this course, and in all probability we shall have one or two other able men.

Following this we give a brief outline of the work of the school for the first few months. This will give something of an idea of the kind and extent of the undertaking, and show you what we propose to accomplish.

PART ONE

Lesson I.
- 1. Introduction:
  - Definitions; Materia Medica, Pharmacology, Pharmacognosy, Pharmacodynamics, Pharmacy, Therapeutics, etc.
  - Weights and Measures, transposition of different systems, percentage solutions, the drop, dispensing, prescribing, combinations, etc.
- 2. Description of Agents used in Medicine:
  - Physical Agents: Water, heat and cold, massage and movement cures; electricity, light and air, including climate.
    - Their medical uses described very briefly. An elementary introduction only.
  - Medicinal Agents:
    - Galenics—Definition of the word; pharmacopeias and dispensatories; National Formulary; classification of official preparations and how they came into existence.
    - Active Principles—Classification; alkaloids, glucosides, resins, concentrations. Characteristics of each and how they are prepared. Advantages of the active principles.
- Questions for Review.
- Research Questions, with references to authorities and suggestions for clinical investigation.
- Discussion and Comment.

Lesson II.
- Action of Remedies:
  - Local Medication—General purposes, such as counterirritation, protection and antiseptic; remedies so used, such as blisters, poultices, plasters, liniments, lotions, ointments, etc., with the purpose of each one.
  - General Medication—Theories concerning the giving of medicine. This section will give a review briefly of the various general ideas concerning the way drugs act, giving a brief resume of Sajous's theory.
- Questions for Review.
- Research Questions.
- Discussion and Comment.

Lesson III.
- Administration of Remedies:
  - Local—How applied properly, and properly prepared. Blisters, poultices, pastes, ointments, etc.
  - General—Methods of administering drugs: by the mouth, under the skin, rectum, etc.
  - Dosage—Idiosyncrasies, tolerance, addiction; advantages of the small-repeated dose. Child and adult.
  - Form—Liquids, pills, tablets and granules, indications and contraindications.
  - Incompatibility—Chemical and physiologic synergists and antagonists.
  - Activity—How to elicit the physiologic and therapeutic action.
- Questions for Review.
- Research Questions.
- Discussion and Comment.

Lesson IV.

Indications for Remedies:

Symptomatic.—How detected; the significance of the following and what they show: The tongue, the stools and urine, the pulse and circulation; fevers; digestion, nerve-balance and its aberrations. Therapeutic guide for every case found in the following classification:

Classification and Therapeutic Principles:

1. Elimination—bowels, bladder and skin.
2. Nutritional balance.
3. Asepsis—local and general.
4. Circulatory equilibrium.
5. Innervation.

Note that this classification is not a clas sification of *remedies*, but of *things to be accomplished*. It will be made the basis for all future study of remedies.

Questions for review.
Research Questions.
Discussion and Comment.

PART TWO

In this section we shall take up the study of the various remedies. As stated above the only classification will be that of *the purpose for which the remedies are to be used*.

Lesson V.

Elimination:

General consideration of the necessity for and the modes of elimination.

1. Bowels:

Modus operandi and functions of the bowel.

Cathartics and laxatives. Classification, how each acts, time required, cases in which each is preferred, preparation, administration and dosage.

Clinical Application.
Questions for Review.
Research Questions.
Discussion and Comment.

Lesson VI.

2. Bladder and Kidneys:

Method of renal action, indications for diuretics and antidiuretics, antiseptics, alkalinity and acidity, mucous alteratives. All of these being classified and studied according to therapeutic indications.

Clinical Application.
Questions for Review.
Research Questions.
Discussion and Comment.

Lesson VII.

3. Skin:

Indications for skin remedies. Compensation of the skin with the kidneys. Method of promoting and checking activity, elimination of fluids and solids by the skin, stimulants, etc.

Clinical Application.
Questions for Review.
Research Questions.
Discussion and Comment.

Lesson VIII.

Innervation:

Central and peripheral. Active stimulants and nerve sedatives, etc.

Clinical Application.
Questions for Review.
Research Questions.
Discussion and Comment.

The details of the course beyond this point will be announced later. The preceding gives a general idea.

In the discussion of each lesson we propose to bring out many points, which we cannot cover in the lessons themselves, and to set our students thinking and reasoning for themselves. It is the hope that they will contribute freely to this department and make their comments a valuable and helpful portion of the course. The physical therapy, mentioned in the short introductory article, is to be worked in largely in the research work, since it is impossible to give complete details concerning the use of electricity, vibration, hot air, light, massage and other things which are coming into vogue. In other words, these will be incidents of the course but elaborated sufficiently through the aid of our editors to make them most interesting and highly helpful to "the family."

Please note that this syllabus is a very brief one—a mere framework, and for that matter a very incomplete framework. It is not proposed that it should serve as a limitation upon the work done by those who will prepare these lessons.

We think you will all agree with us that the course we have outlined is a splendid one. We want every reader of the CLINIC to take it up and follow it—*every reader!* Is that too much to hope for? Tell us, please. Drop us at least a card of approval, suggestion or criticism. Above everything don't be lukewarm or half-hearted. Show your interest—your red blood—and help us make a success of this effort of ours—*to make every doctor a better doctor.* Will you do it?

AN ANECDOTE OF A "GREAT MAN"

Everything alkaloidal has given the utmost satisfaction. I am not trying to study

any other kind of therapy—every other kind appears loaded with matter which is immaterial to the point searched for until one is unable to differentiate. The study of the action of drugs upon the system is, to my mind, of more importance than a "high-falutin" name for a disease. This, with more accurate diagnosis, will solve many problems yet unsolved and enable the physician to apply his remedies more accurately and with better effect than in the old haphazard style of medication.

Here is one of the latest: One of my friends was taken ill and developed a well-marked case of the walking variety of typhoid fever. His whole aspect presented a most marked typhoid state. He afterward became so weak that he was confined to his bed for three weeks, skin yellow, eyes dull, tongue and lips dry and coated, breath fetid, fever rising in the afternoon from two and a half to three degrees and a general appearance of "all-gone-ness." He sent for a physician, one of the know-all kind who is associated with a "surgeon who goes after things with a knife"—which is usually followed by a procession to Fairmount. This great man (300 pounds avordupoise) told his patient that he had "that new disease" that was going the rounds, for which "none of the doctors has found a name as yet," and that he could not hope to get well fast. Wish you would all try and discover the name and treatment for this dread "new disease that is going around." We cannot afford not to have a name (a big one!) for it. It would be such a reputation-maker for the one who would discover a treatment and cure for it—the name.

Now, Doctor, what do you think of a statement like the above, from a supposedly learned and great man? However, he does not "take his own medicine." I heard him say so.

G. A. A.

——, Texas.

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[The new disease you mention is far from being new to this part of the world and even here, we have "great men" afflicted with shortsightedness and lack of intellectual agility. We have even seen a practician call a case of measles "smallpox." We trust that the unfortunate patient in this case changed his physician before the "procession to Fairmount" started. The great man in this case should have treated pathological conditions with the indicated remedies, and he would have been surprised at the results. —Ed.]

THE ANNUAL INDEX

The annual index to Clinical Medicine should properly appear in this number. On account of its large size we are, however, withholding it. It will soon be ready for delivery and we shall be glad to mail a copy free to every subscriber who will drop us a line. A postal card will do. Every subscriber should keep his copies and have them bound at the end of the year. A set of these volumes makes a medical library which for real practical help can not be duplicated at any price.

SUCCESSFUL TREATMENT FOR ULCERS

I have a simple treatment for ulcers—tubercular ulcers and those caused by diseased bone excepted—occurring on the leg or foot and with the leg more or less swollen. This has always cured if that patient followed directions.

It is this: Make a saturated solution of potassium chlorate and keep a cloth over the ulcer, constantly wet with this solution; clean the ulcer with warm water to which a mild antiseptic is added, or use hydrogen dioxide. Make the patient lie down during the entire treatment until the ulcer has healed so the swelling in limb will be kept at a minimum; or even better, elevate the swollen limb by laying it on an inclined plane (made with a chair inverted). I have treated all my patients this way without a failure; just discharged a woman sixty-five years old who has had an ulcer on her ankle fourteen years, but it took between two and three weeks to cure it.

E. N. F.

——, Ohio.

[A valuable suggestion which we trust will be tried and reported upon by our readers. Anything which promises a cure in these troublesome cases of leg ulcer deserves careful consideration. Incidentally, don't forget that a *successful* method has been described repeatedly in the Query Department. Better look up some of the old numbers.—Ed.]

THE ST. LOUIS MEDICAL REVIEW AND MILLICAN

At the proper time we failed to notice in these columns, as we should, the change in the frequency of publication as well as editorship of *The St. Louis Medical Review*, which with its number for August 6 ceased to be a weekly and became a monthly publication. But that omission, fortunately, gives us opportunity to print a more graceful tribute to Dr. Millican than we could prepare—that of the editor of *The Indiana Medical Journal*, which follows:

The *Review* editorials have been overflowing with life, love and humor. There has been thought, philosophy and abstract and scientific truth, but always illuminated with a never-failing humor, never sarcastic or cynical, but sane, fervid, healthful and of course entertaining and interesting.

You might *give* away a copy of the *Review*, but you would never *throw* it away, and this just because of the interest it invoked. The charm of the old Greek civilization, Arnold maintains, was that it was *interesting*. In the last analysis of a play, or a book, or of a civilization, or even of a medical journal, we will stand or fall by it in making our judgment to the extent that it is interesting.

Dr. Millican's journal has had in every number this element of interest the sources of which are vitality, aspiration and kindly humor—that it is which has given it distinction and desirability, and we may even go so far as to say, elevation and beauty. Of course no man—not even an editor—can keep up this gait forever, and for a dollar a year, unless he does it by nature and out of a warm and kindly heart, which makes the work easy and absorbing, even pleasurable to him.

The writer does not know Dr. Millican except through the *Review*—has never met him but once. But that does not count—neither did he know Charles Lamb or Dr. Watson. There is after all an inner circle of helpful and appreciative men editing the little medical journals and teaching in the little medical colleges. Their rush lights keep on burning and they can not be extinguished. They have their petty work to do and they love to do it, even as a mother is happy to do humble but loving duties for her babe. Their united work and influence, however, is what has created and sustains medical progress and education, and without them there could be no great national medical associations and journals. They are hearts of each other sure and they have their daily recompense and ultimate reward.

We know Millican and know that this beautiful tribute is not a whit too strongly drawn. The *Review*, under his editorship, reflected his strong and attractive personality. May he have equal or greater scope for expression in his new field, the *Association Journal*.

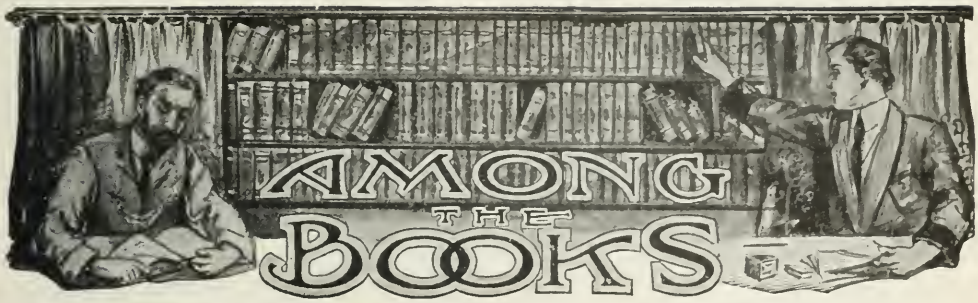
And here's the good word and the glad hand for Editor Warfield, who drops naturally into the harness in the *Review* office. The *Review*, under his charge, will remain a strong vital force in medical journalism.

INTERNATIONAL CONGRESS OF TUBERCULOSIS—NEXT YEAR

About a year from now—September 21 to October 12, 1908, to be exact, the International Medical Congress of Tuberculosis will meet in Washington. We have just received the preliminary announcement, which gives an outline of the work to be done, both as regards literary programs, exhibits, etc. We suggest that those interested—and every physician should be interested—communicate with the Secretary-General, Dr. J. S. Fulton, 810 Colorado Building, Washington, D. C.

PERIPLOCIN

Periplocin is a glucoside obtained from Periploca græca. It forms crystals having a melting point of 205°C. (401°F.), soluble in alcohol and in water but with great difficulty in ether. Periplocin is a powerful cardiac poison, which shows similarity in many respects to digitalin, strophanthin, and ouabaine. It is administered as a cardiotonic subcutaneously in physiologic salt solution. Maximal dose per day is one milligram (0.001). It must be very carefully kept. Periplocin is a principal ingredient of a preparation against asthma in cardiac patients, known as *apnol*, which is applied through the nose by an atomizer.



CLINICAL PSYCHIATRY

Clinical Psychiatry. A Text-Book for Students and Physicians, Abstracted and Adapted from the Seventh German Edition of Kraepelin's "Lehrbuch der Psychiatrie." By A. Ross Diefendorf, M. D., of Yale University. New, revised and augumented edition. New York, 1907: The Macmillan Company. Price $3.75.

Kraepelin's psychiatric classification is gaining more and more favor in this country, and since classification is of an immense help in this difficult study it is certainly best to know which is the best one to allow to settle in our mind as an aid in practice.

Dr. Diefendorf has rendered a meritorious service to the English-speaking physicians with this book, for which he deserves the thanks of the profession. The material style and make up of this book is to us most acceptable.

WELLS' "CHEMICAL PATHOLOGY"

Chemical Pathology. Being a Discussion of General Pathology from the standpoint of the Chemical Processes Involved. By H. Gideon Wells, Ph. D., M. D., of Rush Medical College, University of Chicago. Philadelphia and London: W. B. Saunders Company. 1907. Price $3.25.

Nothing daunted at the ever-increasing complications of the chemistry of living healthy and diseased tissues, scientific men plunge into their mysterious mazes and emerge with some truth which the vulgar (in our profession too) ranks as a worthless stick, but which the lover of science for its own sake ranks as a bar of gold. By and by the stick becomes a building timber and the vulgar sees its "practical value" and then has some respect for self-sacrificing scientific men. These thoughts ran through our mind when turning over the pages of this book. We admiringly commend it to the scientific physician.

PAUL'S "MATERIA MEDICA FOR NURSES"

Materia Medica for Nurses. A Text-Book Including Therapeutics and Toxicology. By George P. Paul, M. D., of the Samaritan Hospital at Troy, N. Y. Philadelphia and London: W. B. Saunders Company. 1907. Price $1.50.

A very valuable book, keeping well the happy mean of neither too much nor too little in materia medica, and giving other information needed by the efficient nurse.

WHIPPLE'S "MENTAL HEALING"

This book, by Leander Edmund Whipple, is in its fifth edition, revised and enlarged, and contains a portrait of the author. New York: The Metaphysical Publishing Company, 1905. $2.00.

In the current of thought that has set in within recent years against the rough and unsatisfactory materialistic system of the nineteenth century, which vainly attempts to explain the intricate phenomena of life and death and the diseases which lie between these by mere mechanical push and pull, a kind of spiritualism has come in,

with "swelling words of vanity," claiming many things which the simple mind of man cannot accept. Of that kind of claims is the book now before us, in whose pages the author presents them in words, words and in little else but words, which the simple mind does not perceive to signify any realities, for realities refer to things, and a thing is that which appeals to the senses with which the living creature is endowed to perceive it.

It is true that the senses are imperfect, but the mind knows that they are so, and knows its own imperfections; therein lies the mind's safety, hope and guarantee to get some time, somewhere, and "somewhen" at the truth of things. Things have been done and are being done in human life which transcend the power of the acutest human mind to explain, and then the honest human mind calls such performances "wonders," "miracles."

Devotees of all religious systems, Jewish, Christian, and Heathen, have performed and are performing miracles and it is irrational to deny these facts, as Mr. L. E. Whipple does in his book before us (p. 83), saying "there are no miracles, the word is a misnomer." Nor does it help our poor, simple, logical thinking-apparatus to grasp the fact he claims, that he and his metaphysical healers are able to take up a conception, just as you and I can take up a potato, not a mere conception of it, and without embodying that unembodied conception in anything material, think that conception into, or onto, or through the material patient, and so without any materiality on the part of the metaphysical healer compel the patient's materiality to operate on his own materiality, and thus heal whatever there is unhealthy in him or her, and that all this is no miracle and is simply "the metaphysical," remembering that "health is the birthright of mankind" and of course forgetting the ills that he is also an heir to, such as syphilis, tuberculosis, cancer, etc.

In the presence of such claims we stop all discussion as unprofitable, and the words of Horace come to mind: "*Deficile est satiram non scribere,*" and this we will not undertake here.

After finishing Mr. Whipple's book we went home exhausted and laid down to rest, and just before dozing away, the following lucid thought came to our semi-dreaming consciousness: The Divine mind conceived the real type of all things existing, past, present and future, and the metaphysical healer operates with these eternal typical realities instead of with the perishable unreal material.

BUCHANAN'S "ANATOMY"

Manual of Anatomy, Systematic and Practical, including Embryology. By A. M. Buchanan, M. A., M. D., C. M. Glasgow. Vol. II, Abdomen, Thorax, Head and Neck; Nervous System; Organs of Special Sense. Appendix, containing the Basle nomenclature and glossary. 363 Illustrations, mostly original and in colors. Chicago: W. T. Keener & Company. 1907. $2.75.

In January we reviewed the first volume of this very useful anatomy and we can say nothing better for this second volume than that it fully realizes the expectation the first volume aroused in us. The work as a whole is very useful both for the student in the dissecting room and to follow anatomical lectures, and for the practician, to refresh the mind as to the topography of organs. A book like this made a companion of in study-years will be a most valuable adviser in every case in practice.

AMERICAN PRACTICE OF SURGERY

A complete system of the science and art of surgery, by representative surgeons of the United States and Canada. Editors: Joseph D. Bryant, M. D., LL. D., and Albert H. Buck, M. D., of New York City. Complete in eight volumes, profusely illustrated. Volume III. New York, 1907, Wm. Wood & Company. Price $7.00.

This the third volume keeps up well to the ideal of excellency which the first volumes have set, both in text, illustrations and fine mechanical equipment.

For the better appreciation by our readers we give the contents of this volume: Poisoned wounds, including the bites and stings of animals and insects, rabies, pseudarthrosis, inflammatory and noninflammatory fractures, affections of bone, syphilitic disease of bone, tumors originating in bone, diseases and injuries of joints, chronic nontuberculous and nontraumatic inflammation of joints, tuberculous disease of the bones and joints, wounds of joints. An index of fifteen pages. This is a splendid, a truly magnificent work, and while exhaustive in contents well-suited through its practical character to the needs of the general practician.

KEYES' "THE TREATMENT OF CONSUMPTION"

The Treatment of Consumption with Subcutaneous Injection of Oils. By Dr. T. B. Keyes, Chicago.

This is a pamphlet of 93 pages, and is a reprint from *The Antiseptic*, Vol. 3., No. 12, a medical monthly of Madras, India. It will abundantly repay any physician to give an hour or two to reading through this effort of Dr. Keyes. There is something in it worthy of assimilation. Sent gratis for the asking.

BUNDY'S "ANATOMY FOR NURSES"

Anatomy for Nurses. By Elizabeth R. Bundy, M. D. With a glossary and 191 illustrations, many in colors. Philadelphia: P. Blakiston's Son & Co. 1906. $1.75.

An excellent book for intending students, written sympathetically by a teacher who knows the wants of her pupils and how to supply them. A nurse who has mastered this book will be a blessing to physician, surgeon, hospital superintendent and patient.

DA COSTA'S "SURGERY"

Modern Surgery, General and Operative. By Prof. John Chalmers Da Costa, of the Jefferson Medical College, Philadelphia. Fifth thoroughly revised and enlarged edition; 872 illustrations, some in colors. W. B. Saunders Company, Philadelphia and London, 1907. Price $7.00.

The work contains 1258 pages, 9 1-2 x 6 1-2 inches, of closely but clearly printed text. It is, to use a hackneyed but true expression, really an up-to-date book, and this means a great deal of surgery in our day.

GRIFFITH'S "CARE OF THE BABY"

The Care of the Baby: A Manual for Mothers and Nurses. Containing Practical Directions for the Management of Infants and Childhood in Health and Disease. By Dr. J. P. Crozier Griffith, of the University of Pennsylvania. Fourth thoroughly revised edition, Philadelphia and London: W. B. Saunders Company. 1907. Price $1.50.

An elaborately written book by a man of evidently wide experience in private practice.

BOAS' "STOMACH DISEASES"

Diseases of the Stomach. By Dr. I. Boas, specialist in gastroenteric diseases, Berlin. Translated from the latest German edition by A. Bernheim, M. D. Fully illustrated. Philadelphia: F. A. Davis Company. 1907. Price $5.50.

We wish we were allowed more time and space to describe the value of this most excellent volume. The happy combination, in the very character of the author, of exhaustive theory and available practicality which was fully recognized by the readers of the author's previous works on intestinal diseases, is again prominent in this work of the author.

It is asserted with good reason, that the greatest share of human diseases center in the digestive canal, and even Holy Writ hints at it by its saying that all the toil of man is for his mouth (Eccl. 6: 7); and of that canal it is the stomach that partakes first of the pleasure and work and afterward of toil, pain and disease. We therefore congratulate our profession on the appearance of this book by Boas, "in whom

there is strength." The physician who will master this book will not be able to fail if he try, provided he had the talent of assimilating it and practises it.

CHAMBERS' "VISITING LIST"

We are in receipt of this handsome perpetual visiting and pocket reference book, issued by J. H. Chambers & Company of St. Louis. While it is somewhat condensed in size it still contains practically all of importance contained in the more expensive books of this kind. It is convenient, and well suited to the needs of the average physician.

All told it contains 128 printed and blank pages, with the usual directions concerning keeping of visiting lists, various obstetrical memoranda, helps for clinical emergencies, artificial respiration, poisons and antidotes, dose tables, incompatibles, etc. The price is only 50 cents and it is well worth it.

MICHEL'S "CHART OF THE MUSCULAR SYSTEM"

Chart of the Muscular System with its Arterial and Nervous Relations. By Gustave H. Michel, M. D., B. Sc. Published by Dr. C. H. Michel & Company, 3808 Prospect Ave., Cleveland, Ohio. Price $3.25

This is a magnificent piece of art and a true delineation in colors of the parts of the human body. It forms an excellent aid for lectures on anatomy and physiology and for ready reference when a question of the relation of parts comes up in practice. The size of the chart is 2 feet 8 inches, by 3 feet 7 1-2 inches. It is printed on both sides.

THE PRACTITIONER'S VISITING LIST

We have at hand the 1908 edition of the Practitioner's Visiting List. This excellent list is issued in four styles, the "Weekly," dated for thirty patients, the "Monthly," for one hundred and twenty patients per month; the "Perpetual," for thirty patients weekly per year, and "Sixty patients," for sixty patients weekly per year.

This is one of the "old reliables," containing the usual printed information to which the physician is likely to refer—concerning weights and measures, doses, examination of urine, tables of eruptive fevers, incompatibles, poisons and their antidotes, etc. It is one of the handsomest books of the kind which comes to our office.

The price, mailed postpaid, is $1.25. Thumb-letter index, 25 cents extra. Publishers, Lea Brothers & Company, Philadelphia and New York.

KEEN'S "SURGERY"

Surgery, its Principles and Practice. By various authors; edited by William W. Keen, M. D., LL. D., of the Jefferson Medical College, Philadelphia. Vol II, with 572 text-illustrations and nine colored plates. Philadelphia and London: W. B. Saunders Company, 1907. $7.00.

This volume continues in the eminent aim the scientific and practical editor set before him in the first volume of this work for all the rest to come. We alluded to this aim in our review of the first volume of this work in Clinical Medicine for January, 1907, as the characteristic of the work. The articles of this volume are unusually minute and searching, so that the surgeon, it seems to us, will rarely meet with a case, the principles of which in etiology, diagnosis and treatment he will not find covered, more or less, in this work.

The subjects of this volume comprise: Diseases of bones, fractures, surgery of joints, dislocations, surgery of muscles, tendons and bursae, orthopedic surgery, surgery of the lymphatic system and surgery of the skin, pathology of the chief surgical disorders of the nervous system and its importance in clinical diagnosis, surgery of the nerves, traumatic neurasthenia, traumatic hysteria and traumatic insanity, surgery among the insane and surgery of insanity, and surgery of the spine. There is an index of thirty-five pages, and an extensive bibliography.

CONDENSED · QUERIES · ANSWERED

PLEASE NOTE

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

ANSWERS TO QUERIES

ANSWER TO QUERY 5311.—"Skin Disease." The eruptive skin disease, described by your West Virginia correspondent in the October number, has been epidemic here for the past two months, people of all ages and both sexes being attacked. The constitutional disturbances are: Chills, lasting twenty-four hours and in some instances for days; fever 101°—105° F.; anorexia, nausea, vomiting; headache (*everyone* affected speaks of this latter symptom: "as though the head were about to burst open"); severe pains in the back and abdomen. The eyes are severely painful. In one instance, a multipara, it seemed as if the sight of the left eye would be permanently affected. (I use the word "multipara" so you may see it is not *children* alone who are subject to the disease.)

The symptoms last from two to five or six days, when the fever subsides. The eruption (as described by H. C.) appears on face, neck and chest, spreading over the trunk, arms and hands, legs and feet. And, by the way, the feet, more especially the region of the os calcis, cause more suffering than any other part of the anatomy. The scalp is also affected.

The "papules" are preceded by a pinkish rash, small spots widely scattered, but increasing in number, which become vesicular; the vesicles in the course of two or three days become pointed. I have noticed in one or two bad cases that the vesicles have coalesced.

To my mind there is not the slightest doubt but that this disease is varioloid, and in one or two instances is first-cousin to smallpox.

Treatment: Calomel and podophyllin and saline laxative; calcium sulphide and nuclein; aconitine, intestinal antiseptics; carbenzol (which acts splendidly). Kindly express your views to C. M. in your highly prized journal, and oblige

J. CAMPBELL MARTIN.

Dayville, Oregon.

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[We call your attention to the sentence in our answer to H. C. of West Virginia, second column, page 1290: "The headache, malaise, etc., are suspicious, pain in the back, chills, etc., also tend to prove the epidemic to be one of modified variola." This sentence expresses our views as regards the epidemic in your locality. Modified variola seems to be the only diagnosis possible though we note that you do not mention pustules; the papules you say become vesicular and in bad cases the vesicles have coalesced. Varioloid is simply modified or mild smallpox, as sometimes seen in persons who have been vaccinated. The treatment you outline is very similar to that we should recommend though we should be inclined to push echinacea very

freely, together with the epsom-salt sponge bath, carbolated.—Ed.]

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Answer to Query 5263.—"Croup." In the case of croup reported by A. J. C., California, on page 935, July, 1907, I have no criticism to offer, barring that which the editor brings, at least as to the general treatment, because it is almost generally the practice, and it may not sound well for me to object to that part in particular. I refer to the practice of applying cold compresses to the throat in case of croup, diphtheria, measles, etc. While hot compresses will at all times do the same good and never harm, cold may do good, but more often does harm, and to the latter may be ascribed the great majority of the deaths. It is not my purpose to boast of my success in treating this class of patients at this time, but so far I have not lost one case of croup or diphtheria, and if I have any one thing in their treatment to point out more prominently than the other to which I ascribe my success it would be that the first and most positive requirement is to stop all cold drinks and cold applications and replace them with hot.

R. Willman.

St. Joseph, Mo.

[The writer has been almost as successful in the treatment of croup as you have evidently been, and strangely enough he has tested and relinquished the application of hot appliances in the *earlier stages* of croup. He would not think of applying cold in diphtheria, but when a child begins "crouping" the application of a cold compress wrung out of a solution of magnesium sulphate covered with a flannel will in nine cases out of ten promptly put an end to the disease-process. A few doses of calx iodata suffice to finish the work. We have been called to some cases of croup of severe type and have found the child inhaling steam with its chest and throat burdened with hot poultices. We have removed these, dried the skin, applied cold, wet compresses, covered with flannel, and in fifteen minutes have seen the child asleep—not once but a dozen times. During the last few years we have not had the opportunity to see many croup cases, especially in the earlier stages, because we have been out of active practice but we would not hesitate to use just those measures in our own family tomorrow if the necessity should arise for their employment. The calx iodata is, of course, an indispensable part of the treatment.—Ed.]

QUERIES

Query 5333.—"Calcareous Degeneration of Placenta." B. F. V., Oklahoma, reports a case of this interesting abnormality, occurring in a primipara. Child was born dead. The placenta was found to be permeated with calcareous deposits like grains of sand; the exposed wall "felt almost like sandpaper." The mother-in-law ascribed the condition to the hard water of the country.

Calcareous degeneration of the placenta is not such an extremely rare condition. In Edgar's Obstetrics (page 235, third edition) you will find the following: "This is by no means uncommon; as a rule, it is not of clinical importance, and lime concretions are sometimes found in large numbers. Its occurrence in syphilis has already been mentioned. Placental calculi, ossiform concretions, placental ossification, stone placenta, have already been noted under the subject of infants. These deposits are almost always found on the uterine placental surface, in the decidua serotina, whence they may extend to the fetal part of the placenta. When the degeneration begins in the fetal structures, it is confined to them, and implicates the small vessels of the villi, extending from their tiny extremities to their trunks. These concretions are in the form of grains, needles, or scales. They consist of amorphous carbonates and phosphates of lime and magnesia; as many as five hundred have been found in one placenta (Chambord). Stony scales or laminae or even larger formations may be found in placentae that have been left in utero weeks or months after the oc-

currence of fetal death. In the common form, during the life of fetus, the placental function is not disturbed." In certain regions calcareous degeneration of the placenta is not uncommon nor is it often of clinical importance. Lime concretions are sometimes found in very large numbers.

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QUERY 5334.—"Puerperal Insanity." F. V. D., Ohio, describes a case of puerperal insanity occurring in a woman of 27, after forceps delivery of her first child; first evidence of insanity five days later. The "clean up" treatment was employed, with synergistic tonic and supportive medication. Slight elevation of temperature—99.6° to 101°F. Urine normal, though strongly alkaline and of low specific gravity. Purgatives brought away "the rottenest stool" the doctor ever smelt. Intestinal and general antiseptics have been used but insanity persists.

Unfortunately it is a difficult matter to outline a treatment without a clear conception of pathological conditions. It seems to us that currettage and intrauterine flushing are essential; at least irrigate uterus with a 2-percent ichthyol or creolin solution. Flush the bowel with decinormal salt solution, continue the sponging, and push nuclein 10 drops three times a day. Give echinacea, gr. 1-2, calcium sulphide compound one granule four times daily for several days, and give ammonium benzoate, 2 to 4 grains, with a glass of barley water, and 1 grain of arbutin between meals. Dilute phosphoric acid, 10 minims, gr. 2-67, with a glass of water at meals. Continue till urine gives acid reaction. Probably also you had better give boldine just before eating. Do not give chloral or any other hypnotic of the kind to produce sleep, but avenin, gr. 1, and passiflora incarnata, 1 to 2, in a little hot water. Repeat dose in an hour, if necessary. These cases require the most careful observation and are frequently best treated in hospitals. You do not report that the patient shows signs of mania or describe her mental peculiarities, but temperature range and the low specific gravity and alkalinity of urine show retention of toxic material and organic torpidity. Try the treatment outlined by us and at the earliest opportunity get at the uterus. Are you quite sure that there is not a tear—cervical, vaginal or perineal? What about intrapelvic infection?

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QUERY 5335.—"Ptyalism." G. H. B., of Pennsylvania, says: "I have a little boy patient, six years old, who is troubled with a superabundant flow of saliva, that is, he keeps on spitting right along, unless asleep. Have you any suggestions for treatment?"

Excessive salivation may be caused by ranula, aphthæ, ulcers, or even retropharyngeal abscess and adenoids. The cause must be discovered and treated. Very minute doses of atropine valerianate and calx iodata every three or four hours are suggested; you may alternate the two remedies with advantage. Wash out the mouth with the following: tannin (Merck), dr. 1; syrup of wintergreen, oz. 1; glycerin, oz. 1; water to make 6 ounces. Or, formaldehyde, dr. 1; thymol, grs. 10; compound tincture of benzoin, drs. 2; alcohol to make 3 ounces. Make a careful examination of the buccal cavity. Correct any abnormalities discovered.

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QUERY 5336.—"Typhomalarial Fever." V. V. H., Oklahoma, in an interesting letter speaks of several disappointments which he has had in treating so-called "typhomalarial" fevers with calomel, aconitine, strychnine, digitalin, etc. The patient, usually a child, first complains of headache and pains in muscles and body. There is a tired feeling, malaise, restlessness, thirst, temperature from 101° to 103°F; occasionally a severe initial chill. He wants to know whether he should use quinine, gelseminine or what.

These are the peculiar cases which cause the diversity of opinion as to what constitutes "typhoid," "paratyphoid," "typhomalarial," and "toxenteric" fever. One man runs across a patient already malarial who has become infected with the bacillus typhosus and calls the case one of "typhomalaria." Another gets a vicious malarial infection with autotoxemia, which causes

the typhoid state to present, and calls that "typhomalaria." Here, of course, Eberth's bacilli are absent throughout. Other men note typhoid cases which run an atypical course (resembling "malaria") and call these typhomalaria. Yet again, we get a peculiar intestinal infection which is neither typhoid nor malaria, but is termed either, according to the fancy of the attending physician. We wish you would read the article by Carraway on "Toxenteric Fever" in the September *Medical World* and look for the answer thereto by Dr. Candler. It appears in the October issue.

There is little question that in these cases there is a mixed infection, and only by several examinations of urine, blood and perhaps feces can one be positive just what bacteria he has to deal with. From the description it is quite evident that calomel, strychnine and digitalin would be entirely insufficient. This is a *basal* treatment nearly always called for but seldom sufficing *alone*. The thing is to clean out the intestine, maintain intestinal antisepsis, and push the arsenate or hydroferrocyanide of quinine with berberine in fairly full doses. (If the spleen is greatly enlarged, the latter drug should be given in very full doses.) Pilocarpine and capsicin will "break a chill;" glonoin, one granule, may be given first of all. Quinine should be pushed between the attacks, and during the fever aconitine, digitalin and strychnine may be given with advantage. If the face is flushed, gelsemin may well supplant aconitine. In rebellious cases give methylene-blue, gr. 1, quinine hydroferrocyanide, gr. 3-67, three times a day, and two of the triple arsenates with nuclein tablets after meals, between attacks. Calomel and iridin, aa gr. 1-6, podophyllotoxin, gr. 1-12, half hourly for four doses every third night, a saline laxative draught each morning. Continue the sulphocarbolates to "effect."

Here, as elsewhere, Doctor, you cannot treat "typhomalaria". You must treat "pathological conditions which arise with the right remedy in repeated doses to effect." As soon as you have control of the case the antizymotic or antimalarial (Dumas') formula may be given—one t. i. d.—for a week or two, elimination being maintained meanwhile with salines and iridin. Do not forget that in malaria epecially the epsom-salt sponge bath proves efficacious: epsom salt, one ounce, water, one quart. It is well to add 10 to 20 grains of tartaric acid to this amount. This may be used during the fever as a sponge with great relief to the patient.

Bear in mind that in all malarial affections the plasmodium malariæ is present in the blood and neither calomel, aconitine, strychnine nor digitalin can possibly reach it or interfere in any effective way with the life-cycle of the organism. Study out your next case and exhibit the right remedies at the right time, and you may rest assured that you will control every case in your territory and will very soon find yourself being sent for to the outlying districts. This is one of the conditions that the modern therapeutist can positively control.

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QUERY 5337.—"A Fatal Case of Scarlatina." N. Mc C., New Mexico, reports the case of a little girl of five who was treated by him for scarlet fever. Active medication commenced upon the third day and under the use of calcidin, dosimetric trinity, and local applications of iodine, carbolic acid and glycerin, and external ones on the throat of iodine and glycerin, she improved decidedly. Temperature fell, and the rash had commenced to fade, when he found her three days later, fully dressed and about the house. She was ordered back to bed but the afternoon of the same day she was found still dressed, the mother having little control over her. From that time on she grew worse; temperature went up to 104°, both tonsils became enlarged and swollen, and the whole peritonsillor region, involving all the surrounding glands, extending from the edge of the hair behind to near the point of the chin in front, became involved. During this period the local treatment with iodine and glycerin was continued. Bowels were kept open with calomel and mercury biniodide and nuclein were given internally, while

iodine ointment was rubbed on over the swelling. Potassium iodide was also added to the internal treatment. About this time she developed endocarditis, showing well-defined systolic murmurs. The glands were opened in two places to evacuate pus.

After a few days of this treatment she seemed better but the succeeding day she became worse and finally died. The latest complication was scarlatinal arthritis in the right elbow and knee, spreading to other joints. The doctor desires suggestions concerning this case and criticisms of the way he treated it.

It is a most thankless and unpleasant task to criticize a given treatment when one is not fully familiar with the circumstances, surroundings of patient, and so on, but as you ask for a frank expression of opinion and evidently desire to have the case discussed, we offer a few observations which will perhaps throw some light upon the subject and enable you to see wherein the medication was faulty. Far be it from us to even hint, however, that the fatal ending might in this particular case have been averted by the most perfect treatment. For one thing, it is evident that proper care was not given the child and the arising of the little patient just at the most dangerous period quite certainly precipitated serious complications. However, we feel that the free exhibition of calx sulphurata and the sulphocarbolates with nuclein would have rendered the system less susceptible to the invading organism. We should not have felt disposed to push calx iodata in the first stage but should have cleaned out the bowel thoroughly with calomel and iridin, followed by saline laxatives; then we should have kept it "clean" and as aseptic as possible with the sulphocarbolates, meanwhile saturating the system with calcium sulphide and giving nuclein in full doses, t. i. d. Epsom-salt sponge-baths (creolinated) and high enemata of normal salt solution would have been beneficial; the nares and fauces would have remained clean under a solution of the menthol compound tablet, hydrogen peroxide and campho-menthol, with perchance potassium permanganate solution; echinacea with phytolaccin would have controlled the toxins which ultimately affected so severely the tonsils, glands, etc. These drugs are phenominally efficacious in the angina of scarlet-fever. We fail to see the benefit of the iodine and carbolic externally? Calcidin does not control "severe blood infection"—calx sulphurata does. Potassium iodide was not indicated after calcidin. Compresses of epsom-salt solution (creolinated) and inunctions of colloidal silver ointment would have given infinitely better results, together with nuclein, saline laxatives, sponge-baths, alkaline antiseptic sprays to the fauces, and echinacea with calcium sulphide. Aconitine, digitalin and veratrine, as needed, for the fever (it would not have run high had toxemia heen controlled), and the free use of a diuretic (barosmin, arbutin, or asparagin with lithium benzoate or even spirit of nitrous ether) would have, we think, enabled you to prevent the arthritis. Potassium acetate might have been of great benefit later.

What we wish to get at is, that early and correct treatment obviates the necessity for meeting serious complications. If such arise, the right drug given to effect at once usually proves efficacious. The use of calcidin and (later) mercury biniodide with potassium iodide, and failure to use the more potent eliminants and antiseptics, with alkaline antiseptics to the fauces, epsom salt sponge-baths and high enemata strikes us as serious errors. The mere fact that the child was not kept in an even temperature but was allowed to be "up and dressed" at a most critical period of the malady would explain the later trouble to a great extent. However, we know that even scarlet-fever yields very promptly to positive therapeutic measures and if, as here, certain symptoms *do* present (from careless nursing or otherwise) we have the means to control them also.

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QUERY 5338:—"Marked Case of Malassimilation." C. E. K. of Iowa asks suggestions in the following case: Babe of six weeks apparently unable to assimilate nourishment. Stools green and slimy. Colicky pains, requiring constant use of anodynes.

Voracious appetite, but with loss of weight rather than gain. Parents apparently healthy except that mother is troubled with flatulent dyspepsia, although well nourished. Her flesh is somewhat inclined to flabbiness. Nurses the babe and seems to have plenty of milk. This is their eighth child. First two starved to death in the same manner as this one promises. Then followed four that throve as children ordinarily do and are now hearty, ranging in age from five to twelve years. Then this the (seventh) came and faded away like the first two.

In this case the mother's milk is at fault and you are likely to lose the child unless you promptly remove it from the breast—for a time at least. Have the milk examined—it is probably deficient in fat. Temporarily feed the child modified milk—using barley water as a diluent—and as conditions improve add Carnrick's food, as directed. It will be well to use barley water with a very little milk added for two days; you may with advantage add ten drops of bovinine or five of sanguiferrin to each feeding. Wash out the bowel with warm decinormal salt solution, using a colon tube (catheter) twice daily for three days.

Give pure, cool water ad libitum between feedings. A child at this age may receive eight feedings in the twenty-four hours. To make the day's supply take eight ounces of "top milk" from one bottle which has stood twenty-four hours, lime water one ounce, sugar of milk eight teaspoonfuls, thin barley water twelve ounces, water ten ounces. On this the child will probably thrive. Get Spach's "Infant Feeding" or Sheffield's "Practical Pediatrics" and study the whole subject of infant feeding. Put the mother on a carefully selected diet. Give her each morning a saline laxative and every other night calomel, gr. 1-6, and juglandin, gr. 1-6, hourly from 7 to 10 p. m. Before meals give one digestive tablet. One hour later give five grains of sodium sulphocarbolate. In ten days her milk ought to be fit for the little one; it will be doing so well on modified milk that it can get on without the maternal fount.

Query 5339.—"Symptom or Disease?" G. D. C. of California writes: In regard to query No. 5301 I will ask another question. Is asthma a disease or only a symptom of a wrong? Rheumatism the same question. One of the worst cases of asthma I ever met with I cured by blistering along the spine. Ten years later there had been no return. Many cases diagnosed and treated as rheumatism are caused by an inflammatory, perhaps I had better say irritation of the spinal cord or rather the meninges of the spinal cord. I have known such a case to pass through the hands of five or six physicians and be pronounced incurable rheumatism. Doctors must be careful in their diagnoses.

We have already expressed our opinion that asthma is in nearly every case a "symptom." We may have cardiac asthma, bronchial asthma or even hepatic asthma. We must in every case discover and treat the pathological conditions causing the asthma. Rheumatism is a symptom, an evidence of uric-acid retention. Inflammation, congestion or whatever you may be pleased to term it is usually caused by retention of waste, deranged metabolism, etc. Restore normal circulatory, assimilative and eliminative conditions and "asthma" and "rheumatism" promptly disappear. Of course we may find asthma present in individuals suffering from local organic disease, but even then it is a symptom of the conditions. You are quite correct, Doctor. We must make a careful diagnosis first and then give—to effect—the right remedy for the underlying pathological condition, if we would practise "positive therapeutics."

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Query 5340.—"Myelitis." J. S., Ontario, Can., describes the following interesting case and asks for suggestions: Man of 52 years, farmer, always enjoyed excellent health till about three years ago, when he noticed that the acid in fruits caused indigestion. In January, 1906, he complained of weakness, numbness in the upper and lower extremities and a peculiar pain in the back of the neck. Under treatment he improved somewhat but about a year ago

while taking a heavy lift he felt as though "something gave way" in the spinal cord in the neck, and gradually after that the numbness in hands and feet increased, and frequently, during the past six months, he has had feelings like maggots or fish-worms squirming in the hips and various parts of the body (his expression). About ten months ago he noticed he was losing the use of his legs and it has gradually increased till now he is unable to walk or get off a chair or turn over in bed without help. He is also losing power in his hands and now he cannot control the bladder. The bowels have moved several times into his clothes without his being able to control them. During the past month he has complained of a numb feeling in the back corresponding to the lumbar region of the spinal cord. At no time has he had a temperature above 100° F. and it is frequently normal. His patellar reflexes are greatly increased. At present he seems well nourished and is not as anemic as formerly. A good pinch can scarcely be felt in the hips and lower extremities. No venereal history.

We are inclined to look upon this as a case of myelitis, the increased tendon reflex in the paralyzed legs, retention of motility and sensation in the upper extremities with paraplegia of the lower part of the body, together with rectal and bladder disorders, leading to the diagnosis of dorsal myelitis. In dorsal myelitis we find (late) incontinence when the bladder has become greatly dilated. In lumbar myelitis we generally have degenerative atrophy of the muscles of the leg with absence of cutaneous and tendon reflexes, edema and severe bedsores present in this form early. Compression myelitis (spinal-pressure paralysis), must of course be considered and the peculiar hyperesthesia ("maggots and earth worms crawling in the region of the thigh") is suggestive. This is a very interesting case and requires very careful and constant examination. The possibility of the existence of a tumor, which might perhaps be removed by operation, is to be thought of. In dorsal myelitis the prognosis is of course grave and under the very best conditions little hope can be extended in such cases. It would be well for you to study Leube and Salinger's "Special Medical Diagnosis," or some good work on diseases of the nervous system, testing deep and superficial reflexes for hyperesthetic and anesthetic areas, etc. Ocular examination and tests should also be made. Have the blood and urine examined.

We would put this man upon full doses of nuclein, lecithin and strychnine and phosphorus compound, with avenin, one to two granules morning, noon and night, with a little hot water. One lecithin tablet should be dissolved in the mouth every four hours; nuclein ten minims hypodermically twice daily; strychnine and phosphorus compound, one half an hour before eating; light, nutritious diet, faradic current, applied light (leucodescent) and vibration over the spine and the affected areas. Elimination must be maintained and hepatic alteratives and laxatives exhibited. Beyond this, Doctor, you can do little, unless you can discover a tumor or other lesion amenable to surgical treatment.

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QUERY 5241.—"Cystitis." J. Y. W. of California sends a sample of urine and a statement of case which proves rebellious. A wife, age 24, complexion light, skin almost transparent, weight 132 pounds; the average quantity of urine passed in twenty-four hours, by measure, 288 ounces; has been troubled since seven years of age, (though she has never complained much until recently and has never taken treatment or been seriously ill) with slight pain in the region of the kidneys and a numbness all over the body at times; urine has to be voided suddenly but she is never compelled to get up at night. The appetite is good, general health also; complains of extreme nervousness at times. When affected with numbness she also had slight pains around the heart; bowels are regular.

The report of our pathologist shows urine to be of low specific gravity, alkaline reaction and full of triple and amorphous phosphates. There is evidently a cystitis

and you will have to irrigate the bladder, using a one in one thousand antinosin solution or two-percent ichthyol. Give internally lithium benzoate two grains, arbutin one grain with a glass of barley water between meals; eupurpurin gr. 1-6, hydrastin, gr. 1-6, before meals; sulphur laxative three granules after eating. After a week add one of the triple arsenates with nuclein to the last medication. Give plenty of barley water to drink. Every morning give a saline laxative to keep the bowel open and diet carefully. Watch the urine and repeat the irrigation till improvement is noted, then report again.

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QUERY 5242:—"Quinine and Quinine Arsenate." J. M. of Iowa asks "the exact amount of quinine sulphate contained in each granule (gr. 1-6) of quinine arsenate. Is it better to use the sulphate for adults?" It would be impossible, of course, for quinine *sulphate* to be present in the arsenate. Quinine arsenate represents seventy percent of quinine (alkaloid) and twelve percent of arsenic. Practically, eighty-six parts of quinine (alkaloid) equal one hundred of quinine sulphate; 1-6 of a grain of quinine arsenate therefore practically equals therapeutically 13-100 quinine sulphate. Small doses of quinine arsenate often replace satisfactorily large doses of the sulphate. Where the dual action of quinine and arsenic is desirable (as in malaria) the arsenate in doses of gr. 1-67 to gr. 1-6 t. i. d. will prove effective. Where "quinine effect" is desired give the sulphate.

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QUERY 5243:—"Vesical Neoplasm and Cirrhosis of Liver." G. A. P. of Illinois writes: "Find enclosed a specimen of urine from John O., which I wish you would examine and suggest treatment. Short history of the case: Male, aged 41, German, farmer. Has had spells for two years in which he could not pass urine and when he did, he had so much pain that he made a good deal of fuss about it. He has visited a good many physicians but all to no good. Lately the spells have become worse and closer together. A year or so ago he weighed 225 pounds, now about 135 or 140. Liver is cirrhosed (atrophic). Delirious a part of the time. No appetite. Has to urinate every ten to twenty minutes and only passes about 24 ounces in twenty-four hours. Some burning afterward. Examination reveals a hard mass extending about midway between the pubes and umbilicus. Nodulated and very sensitive. Urine smells very bad at times; so bad, in fact, that it must be removed from the house at once. His color is not typical of cancer but I fear that condition. Family history is negative. Bowels have bad spells of diarrhea and constipation alternately."

Report of our pathologist on the urine shows pus to be very abundant. Albumin to the extent of three percent is present; acidity is low, as is specific gravity. The amount of urine is altogether too small.

There is only one thing to do, Doctor, and that is to operate in this case, though with pronounced atrophy of the liver it is questionable whether you can benefit the patient. He has undoubtedly "gin drinker's" liver, and probably a malignant growth involving the bladder. Of course the neoplasm may merely press upon the vesical wall, pus gaining access to the urinary tract through a sinus. This is not probable, though possible. Considering the age of the patient an exploratory incision is justifiable. All you can do at the present time is to force elimination, improve nutrition, relieving irritation as best you can.

Give barley water, a half pint, arbutin, one grain every three hours, enemata of decinormal salt solution twice daily, having the fluid retained as long as possible. Daily salt sponge-bath, compresses wrung out of an epsom-salt solution (one ounce of epsom salt to three pints of water) may be applied over the pubic region. Echinacea, one grain, condurangin, two granules, chelidonin, two granules, every two hours night and day for one week; a saline draught every morning. Rub in under the arm or inner surface of the thigh one-half dram of colloidal silver ointment and wash out the bladder with a one in one thousand solution of antinosin three times a week.

PYORRHEA.—Whistler, in *The Medical Summary*, recommends the sulphocarbolate of zinc as an excellent local remedy for pyorrhea alveolaris.

CACTUS.—A writer in *Ellingwood's Therapeutist* tells of his successful use of cactus in the tobacco habit, having cured an old-school physician by this means.

CHIONANTHIN is excellent for chronic jaundice. The more slowly we allow this remedy to operate the more permanent the results will be.—*Medical Summary.*

GOOD FOR ANDERSON!—Winslow Anderson, editor of *The Pacific Medical Journal*, has been reappointed surgeon general of the National Guard of California.

SCUTELLARIN is suggested in nervous conditions where fear predominates, and the patient fears some calamity or is frightened or alarmed by simple noises.—*Ellingwood's Therapeutist.*

NEUROSES OF THE HEART.—The bromides, pulsatilla, gelsemium, cactus, cinchona and others fill useful indications, when digitalis almost invariably does harm.—Blair, *Medical Council.*

SANGUINARINE will relieve pain in the back of the head, if accompanied with profuse yellowish discharge from the nose or headache on the right side of the head.—*Chicago Medical Times.*

IRRITABLE BLADDER.—Dr. Carlstein, an excellent observer, tells us he gets splendid results in irritable bladder from berberine, gr. 1-67 every two hours. Try it and tell us your results.

WHY NOT.—In *The National Hospital Record*, Alma Bruce discusses measures for the relief of postoperative vomiting. Why not prevent it altogether by substituting H-M-C for the old-fashioned anesthetic?

PROSTATITIS.—Operations on very old people are shown to produce complications, such as position pneumonia and acute mania.—A. H. Cordiar, *Medical Herald.* Better let them alone as to the knife and treat with arbutin.

ACONITINE.—Should I throw aside aconitine because some of our authorities say it is dangerous? When I have given thousands of doses and know it is not, when given in the right manner and right time?—Whitely, *Medical Herald.*

VIBURNUM.—In *The Virginia Medical Semi-Monthly* C. B. Williams says that he has seen viburnum relax a rigid os fully as quickly as chloral and that it is a safer remedy. (Viburnin gr. 1, in hot water, every half hour.)

PHYSIO-THERAPEUTIC ASSOCIATION.—The first annual meeting of the American Physio-Therapeutic Association will be held at French Lick Springs, Ind., December 5th to the 7th. It bids fair to be an exceedingly interesting meeting.

ACONITINE neutralizes the leukomain that causes rapid, wiry pulse with fever and ashen skin. Atropine in medicinal doses neutralizes the leucomain that causes a spastic condition of the peripheral arterioles.—Burke, *Dominion Med. Monthly.*

SANGUINARINE is indicated for nasal polypus, with chronic catarrh, bronchitis with dry and hacking cough, expectoration thick, yellow and sweet; also for headaches where the pain is in the left side of the head or in the temple.—*Ellingwood's Therapeutist.*

ASTHMA.—Doggess, in *The Medical Standard*, advises calcidin tablets, grain 1-3, every five minutes to an adult, also hypodermically morphine grain 1-4, atropine and glonoin grain 1-100 each, every half hour to relieve pain and relax spasm of the tubes.

ACUTE AUTOINTOXICATION always originates in the upper intestinal tract. The chronic form always originates in the larger intestines, particularly when there is displacement of the sigmoid flexure.—Allen, *Journal Missouri State Medical Association.*

FUNNY ACCIDENT!—Of course it was only an accident, a piece of bad proof-reading, which led the *Journal of the American Medical Association* to substitute the word hyoscine for hydroscine, in showing up an alleged consumption-cure. Funny how these accidents happen!

ODOR OF IODOFORM.—*The Practical Druggist* says that the odor of iodoform can be removed from the hands, etc., by rubbing a little tannic acid on the object and then washing well. It can be much more easily and readily removed, however, by washing with carbenzol soap.

HELENIN is very effective in rounding out cognate toxins of mucous membranes, especially toxins of the respiratory tract, thereby promoting auto-

lysis of the cells of the mucous membrane, with a consequent tendency toward a better grade of secretion.—Burke, *Medical Review of Reviews.*

Atropine as a Laxative.—Schultz says that atropine has been successful to date in inducing the movement of the bowels in 100 percent of his cases; fifty-six in number, of plastic ileus; in 95 percent of twenty cases of paralytic ileus, and 68 percent out of fifty-four cases of mechanical ileus.

Phytolaccin.—Making use of phytolaccin, I have obtained the most excellent results sometimes seemingly remarkable, especially in dissipating nodular enlargements of the mammary gland. The usual dose is one granule every one or two hours during the daytime.—French, *Medical Council.*

Visceral Ptosis.—J. Madison Taylor says that visceral ptosis is a serious condition and one not to be remedied by the surgeon. He employs artificial support until the natural supports recover their tone. Surprisingly satisfactory results can be obtained after months or years.—*Medical Record.*

Cactus.—This remedy is coming to the front as a tonic and sedative in functional heart disturbances. It is especially serviceable in the weak irregular heart in neurasthenia. It acts through the intercardiac ganglia and accelerator nerves, and improves the nutrition of the heart.—*Medical Summary.*

What Think You.—We do not advocate that the manufacturer be compelled to give all the details of his manipulations to the public. It is for him to give or withhold this information as he sees fit. No one has the right to demand that working formulas should be made public.—*The Pacific Pharmacist.*

Anesthesia.—Klein says that most statistics on anesthesia take no account of deaths occurring two to six days after the narcosis, from shock, pneumonia, or ether bronchitis. He makes a strong plea for the new anesthesia, either alone, with chloroform, ether or spinal anesthesia.—*American Journal of Obstetrics.*

Physostigmine.—Vogel praises the action of physostigmine in inducing peristalsis, in traumatic and other abdominal disorders. He injects hypodermically 1-67 of a grain, repeating the dose after several hours. This dose is rather too large, however, for the average adult American; 1-100 of a grain is the proper dose.

Deaths from Chloroform.—*The Lancet* for October 19 reports two deaths from chloroform: rather, one from chloroform and one from the A. C. E. mixture. The first occurred during an operation for exophthalmic goiter. The second was a case of attempt at suicide, and the death may not have been due to the anesthetic.

Cathartic Habit.—F. C. Gale, in *The Medical World* for November, speaking of the cathartic habit says that he believes the only remedy in the drug line that can be classed as a bowel tonic is cascara. Do our readers agree with him? The writer gave cascara once to a patient for five years, and in all that time did not have to increase the dose.

Anemonin is useful in epididymitis, ovaritis, amenorrhea, dysmenorrhea, excessive anxiety over genital disturbances, abnormal mentality during pregnancy, general lack of tone, some kinds of nervous exhaustion, some urinary irregularities of pregnancy with ammoniacal urine and tenesmus, tardy and scanty menses.—Burke, *Milwaukee Medical Journal*

Intestinal Antisepsis.—Speaking of intestinal antiseptics, Satterthwaite said we must distinguish between drugs that kill and those that inhibit the development of bacteria in the intestines. Osborne said he believed we could secure some asepsis of the upper intestinal tracts. What disease could we treat without first clearing out the bowels and see what symptoms were left?—*Medical Record.*

Chloroform Habit.—*The Medical Record* describes a case of chloroform habit, contracted by a woman through the prescription of chloroform and ether in equal parts by a physician. The fact that the habit had been successfully concealed for fourteen years leads us to ask if there are not many more of these which have not been discovered. This emphasizes another danger in the use of these powerful agents as anesthetics.

Danger in Anesthesia.—To those who still adhere to the use of ether and chloroform as anesthetics, we would commend an excellent article by Samuel Johnston, in *The Canadian Practitioner and Review* for October, entitled "Danger Signals in Anesthesia." It seems very singular that so much attention should be paid to the danger in the use of anesthetics which are so absolutely safe that it is a crime not to use them.

Cocaine Crimes.—*The Boston Medical and Surgical Journal* attributes the crimes of negroes to cocaine. This is only about three years after we called attention to this matter, in The Alkaloidal Clinic, the first in America, we believe, to do so. It is now quite generally admitted that we were right. We came to this conclusion from a study of these crimes, and comparing them with the data obtained from a study of cocaine habitues.

Nuclein in Laparotomy.—Zelassus gave nuclein during twelve cases of laparotomy, and pronounces the procedure of value. He used it with the object of increasing the resistance of the peritoneum, giving an injection fifteen hours before operation, using one gram of the powdered acid dissolved in alkaline water, and injected under the skin. It causes considerable pain and lessens the patient's sleep.—*American Journal Obstetrics.*

Substitution.—Fairchild Bros. & Foster state, in *The Texas Medical Journal*, that they sent prescriptions calling for their essence of pepsin by name, "Fairchilds" specified, to nine Chicago drug stores. The article dispensed in every case

proved to be a substitute, not Fairchild's essence, and they were of varying degrees of inferiority, some practically worthless. We suppose these nine instances were those in which the pharmacists "corrected" the physician's prescriptions, by dispensing what the doctor "ought to have prescribed"—as per recent statements in pharmaceutical journals.

PAINLESS WOUND DRESSING.—After a vaginal hysterectomy done two years ago, the removal of the vaginal dressings occasioned such pain that the patient's shrieks were heard all over the hospital. In a similar case operated under H-M-C a week ago, the patient had this morning half a tablet, and in half an hour the dressings were removed almost without her knowledge.

A THERAPEUTIC REACTION.—There will come a day, if our foresight fails us not, when a great reaction will come and when the young men, who received their medical education in the "day of Oslerism" will be seriously handicapped as compared with those men who are equipped with a broad and discriminating knowledge of drug therapy.—*Chicago Clinic and Pure Water Journal.*

PERSONAL EXPERIENCE.—Don't take anybody's word for your therapeutics without some personal experience. Use single dosage, in the smallest possible quantities, for physiologic and therapeutic effect. When single dosage does not answer, make your own addition as the clinical symptoms demand. That is true practice of medicine. Did you ever try it? It will surprise you.—*Texas Courier Record.*

CRIMES OF THE COLON.—If Metchnikoff is correct in assuming that man's large intestine is nothing more than a portable cesspool, a pathological organ, evolved and exaggerated from habitual abuse, inflicted through thousands of generations, it is small wonder that so many ills follow in the train of constipation, for, indeed, constipation is and has been a universal evil.—E. M. Hummel, *N. O. M. & S. J.*

SAFETY FROM CHLOROFORM—Dawbarn says it makes an astonishing difference in the amount of chloroform required for anesthesia whether this safest and most neglected of plans (having the child asleep) is employed, or the frightened child is awake, struggling and screaming. Collins says this is the first advantage secured by the preliminary injection of scopolamine (hyoscine) and morphine.—*Virginia Medical Semi-Monthly.*

BUTTERMILK AND PUTREFACTION.—Italian observers find that when an infant has been placed on a diet of buttermilk the feces are modified within thirty-six hours. Putrefaction is lessened and fermentation stops. As this is due to the absence of carbohydrates and fats the result is notable when the buttermilk is the only food used. Pathogenic microbes are eliminated and physiologic saprophytes developed.—*Modern Medicine.*

FUNDAMENTAL KNOWLEDGE.—The fundamental requisite is a clearer working knowledge of the regulative mechanisms of the body. The point to be achieved is a knowledge of how to modify and enhance the autoprotective forces of the organism by other and simpler means. Among these are exactitudes in the employment of medicaments, better forms of these, and modifications in their forms.—J. Madison Taylor, *Mo. Cyclopedia.*

PHARMACEUTIC AGGRESSION.—At the recent Chicago meeting of the N. A. R. D., two propositions seriously discussed were, first, securing legislation prohibiting physicians dispensing their own medicine; second, limiting the apothecary to the use of preparations of the U. S. P. and the National Formulary exclusively. The meeting might have spent the time in the discussion of something rather more likely to be accomplished, such as the annexation of the moon.

VARIABLE TINCTURES.—Edmund M. Auber has been examining a number of specimens of tincture of digitalis. He found that among fourteen tinctures, from wholesale manufacturers and retail pharmacists, the strength of some was nearly four times that of others, even when obtained from the same source. The strength of the dose the patient receives would seem, therefore, to be a matter of luck. (Similar variability was found in the tincture of strophanthus.)—*Womens' Medical Journal.*

HEMORRHAGE AFTER MISCARRIAGE.—In *Ellingwood's Therapeutist*, H. W. Shodd describes a case of alarming hemorrhage attending miscarriage, which was promptly and effectually relieved by injecting hypodermically 1-50 of a grain of atropine and repeated within ten minutes. Four months later he was called by the same patient for a similar condition, which was also controlled by the same remedy in similar doses. It also controlled the tendency to miscarriage and the pregnancy progressed normally.

CHLOROFORM.—*The Pacific Drug Review* tabulates a large number of cases of accidental cases of poisoning of which notices have appeared in the public press. Out of these there are 97 due to chloroform with 55 deaths, 13 to unnamed anesthetics with 12 deaths; all of these being cases where the drug had been administered by physicians. Five were due to ether with three deaths, giving the frightful mortality of 60 percent. Not a solitary case was due to hyoscine or scopolamine. The totals were 4295 cases with 1753 deaths.

"SMALL DOSES."—Homeopathists are supposed to give small doses; but in *The North American Journal of Homeopathy*, Dr. Edgar R. Bryan of San Francisco, Calif., tells of some remarkable experiments with scopolamine. He says that a quarter of a grain of this drug is an excellent dose for a study of its physiologic effect; but advises those desirous of experimenting to use no stronger single doses than grain 1-10, in the beginning; although stronger doses can no doubt be given with impunity, as he has proved by administering two grains of the drug without producing serious symptoms! This seems certainly to be "going

some." He states his belief that scopolamine is a harmless drug when administered in "ordinary" doses, and that no death alleged to be due to scopolamine-morphine could have been produced by scopolamine.

PYORRHEA.—Stockwell, in *Dental Cosmos* refers approvingly to Prof. Talbot's recent work on the subject of pyorrhea alveolaris. He thinks, however, that Dr. Talbot might have gone a little farther. Talbot says: "Treat your inflammation and the pulse will take care of itself. Stockwell adds: "Let us go one step farther and treat successfully our autointoxication. We shall then get a step nearer the right end of the real disease, especially so if we cut from the human system the material upon which so large a proportion of autointoxication depends."

CRITICISM.—*The Northwestern Druggist* comments sarcastically upon the resolution passed at the recent meeting of N. A. R. D. requesting the pharmaceutic press to refrain from publishing criticisms of the National Formulary and the United States Pharmcopeia. While these publications should be held sacred by physicians, they are not above criticism by pharmacists. They are not pharmaceutic scriptures, to be adored. *The Druggist* says wisely, that the request would make it appear that the organization feels these works need concealment instead of publicity, which certainly cannot be gainsaid.

H-M-C AS ANODYNE.—In *Medical Progress*, W. T. Harrison says that for anodyne effect he observes nearly as quick results are obtained by letting the patient chew the H-M-C tablet, mixing with saliva, not using even a mouthful of water, instead of subcutaneously; also when crushed and dissolved in a teaspoonful of very hot water the effect is almost as quick as when used hypodermically. The pain caused by the passage of a gallstone was better relieved by the H-M-C (Abbott) than by the morphine alone. In two cases of very weak heart he gave an extra cactin tablet, gr. 1-67, with the first dose. The results were satisfactory.

GONORRHEAL ARTHRITIS.—Queyrat described a method of treatment which enabled the patient to walk with ease at the end of three weeks. This treatment consisted in early aspiration, energetic counterirritation and early movement. The counterirritation consisted in two hundred to four hundred applications of the actual cautery. Why not cure the man in less than three weeks, by saturating him with the sulphides of lime and arsenic? If we were affected with this disease we should much prefer the latter treatment to four hundred applications of the actual cautery; especially since the action of the sulphides is harmless, painless and certain.

THIOSINAMIN.—Renon reports favorably on the use of thiosinamin in aortic affections. He administers it hypodermically, using a solution of fifteen grains to one ounce of sterilized distilled water, injecting one to two and then three Cc. under the skin of the abdomen each day. These injections produce no pain or local reaction. No benefit was apparent in mitral affections. Considerable improvement resulted in a case of adherent pericardium, with mediastinal inflammation. The effect in arteriosclerosis was less constant. The time varied from three weeks to five months. He says that the French thiosinamin is soluble in water, but not the German. Hot water causes decomposition.

OUR VANISHING FORESTS.—The annual cut of hardwood lumber is today a billion feet less than it was seven years ago. The greatest body of hardwood yet remaining is in the Appalachian mountains If properly protected and managed the Agricultural Department believes that these forests could produce twenty billion feet per year from the seventy-five million acres of forest lands yet remaining. Unless this is done there will be a shortage in hard-timber increasing every year. Any reader who feels interested in this matter may find some exceedingly interesting information upon it in Circular 116 of the Forest Service, entitled "The Waning Hardwood Supply." This may he had upon application to the Forester, Forest Service, Washington, D. C.

THE NATIONAL CONGRESS OF THERAPY.—We have received a letter from our good friend Betz, telling us in characteristic disjointed sentences, a la Betz, of the great meeting of the National Congress of Therapy, recently held at Rome. Mr. Betz was the only man from this country who makes things for physicians' use who was present. He tells us that this was the finest body of professional men he has ever seen together. There were in attendance 2,500 men from all parts of the world, men of such eminence as Lassar, Senator, Hofmeyer, Bouchard, Houchard, Beyer, Morse, McFee, Dawson, Turner, Kisch, Freund, Winternitz, Hoffa, and Noorden. The next meeting of this great Congress is to be held at Rome in 1910. That eminent therapeutist Guido Baccelli, well known in this country on account of his advocacy of the carbolic-acid treatment of tetanus, was elected president.

UTERINE FIBROMYOMATA.—Gardiner, in *Merck's Archives*, says that if it be a fact that these tumors have no devitalizing products, there is room for the assumption that the tumor is a local manifestation of a constitutional condition or functional derangement. If so, it seems fair to conclude that any remedy that might correct that condition would lead to a cessation of the growth of the tumor and a general improvement in the bodily condition, restoration of nervous equilibrium and improvement in the cardiac system, etc. He follows this with a description of four cases of such tumors treated by intramuscular injections of thiosinamine into the gluteal region, using a solution put up by Merck in aseptic vials, under the trade name of fibrolysin. The results were certainly remarkable. He found the patient improved almost from the beginning of treatment, being physically restored and mentally improved even before the tumor had disappeared. The psychoses disappear more rapidly and thoroughly than after myomectomy.

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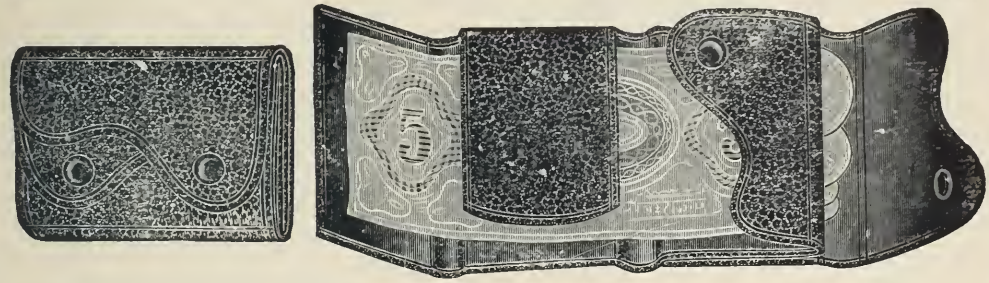

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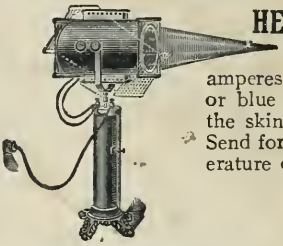

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